ADDIS ABABA UNIVERSITY

SCHOOL OF GRADIATE STUDIES

DETERMINANTS OF FAMILY PLANNING SERVICE UTILIZATION: THE CASE OF MOJJO TOWN, OROMIA REGION

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ABEBE GIZAW GASHAW

JUNE, 2009

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A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES ADDIS ABABA UNIVERSITY

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SCIENCES IN POPULATION STUDIES

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Determinants of Family Planning Service Utilization: The Case of Mojjo Town, Oromia Region

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Acknowledgements

I express my profound sense of gratitude to my advisor Dr. Nigatu Regassa, for his wholehearted effort, invaluable and inspiring guidance, and relentless moral and unbounded constructive comment from the inception of the study up to the final work of the manuscript.

My heartfelt appreciation and gratitude is due to Addis Ababa University for offering me full financial support and especially the Institute of Population Studies. I would like to thank W/o Sara Eyasu, the Secretary of IPS, for her tolerable and polite cooperation.

My heartily thanks is also unforgetteable for all of my family members, especially, my brothers Worku Gizaw,Aschalew Gizaw and Demise Gizaw and my father Gizaw Gashaw,my grandmother w/o Tewabech Senbeto and my mother Shenkore Mengesha. I would like to extend my special admiration and thanks for W/o Rahel Eshetu for her outstanding sugessions and advices in the process of my work.

My gratitude also goes to all of my classmates especially to Alemu Abegaz and Belachew Beyene. I appreciate their devotion, assistance in my writing. My Special thanks once again goes to Abi Tolcha for his genuine cooperation, and material supports. My special thanks also goes to Rahel Lakew for her genuine cooperation in writing this paper.

Above all, Glory to the Almightily God who helped me at every stride of my life.

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Acronyms

FGD-Focus Group Discussion

FP-Family Planning

CPR- Contraceptive Prevalence Rate

IUD: Intra-Uterine Device

OR: Odds Ratio

SPSS: Statistical Packages for Social Scientists

Abstract

This thesis aims to identify demographic, socio economic and psychological determinants for the family planning services utilization in Mojjo town, Oromia region. The study uses both descriptive and quantitative techniques. The study is cross- sectional study design. Using systematic random sampling techniques 551 samples were taken. Data were collected through questionnaires from women of reproductive age (15-49years).Focus group discussions and key informant interviews were conducted to obtained qualitative information on family planning service utilization. For analysis, the study uses chi-square test and logistic regression model. Women were interviewed on knowledge, attitude and practice of family planning. Knowledge and approval of family planning was high, 91.5% and 82.2% respectively, but the practice of family planning was low. Results showed that only 33.6% ever used any family planning method and 38.3 were currently using any family planning method at the time of the survey. The commonest methods for both ever use and current use were injectable, pills and condom. The commonest source of family planning information was clinics. The logistic model showed that with five and above living children, those literate, those approved family planning methods, discussed with husband/partners and those exposed to mass media have the highest likelihood of utilizing family planning services. Fertility related, opposition, methods related, and access to sources and knowledge were the main reasons for non-users. The information obtained from key informants indicates that the quality of care is also important in influencing the decision by women to utilize family planning services. Based on the results of the study the recommendations include raising women's education levels, improving their employment opportunities, decreasing the economic, social and psychological value of children and reducing their desire for large families, educating women on the benefits of family planning and increase male involvement in family planning programs.

CHAPTER ONE

1. Introduction

1.1 .Background of the Study

The population of the world grew at an infinitesimal rate for most of human history. However, after the 17th century, with advances in science, agriculture, and industry, the world population growth begins to accelerate. Over the past 300 years the world's population increased fivefold, from about 500 million in 1650 to about 2.5 billion in 1950.In the second half of the 20th century the population grew even faster, reaching more than 6 billion in 2000.By the year 2050, the UN estimates, global population will reach approximately 9 billion people. In 2050 the most populous region will be Asia, where 59 percent of the world's population will live (down from 60 percent in 1998). Asia will be followed by Africa at about 20 percent (up from 12.7 percent in 1998).In Ethiopia, being part of Africa, population growth rate is very high. (Encarta kids, 2007).

This unprecedented surge in population, combined with rising individual consumption of food, water, and natural resources, has begun to strain earth's capacity to sustain human life. While world population was soaring after 1450, something equally important was happening on the individual level. By the 1600s, or earlier, many people were trying to plan the number, timing, and in some cases, the sex of their children.(ibid,2007)

Modern family planning services, until recently used to be a very delicate issue in most countries of the world.In Africa, it now being increasingly taken as a vital component of socio economic development. In Ethiopia, it only a few decades ago that people became more concerned in the subject (Tadele, 1991).

In 1950's a few individuals who were educated abroad had introduced modern family planning methods in to the country. Gradually, as people become more conscious about the consequences of rapid population growth on the quality of life, the harmful effects of too many children or wide spread, illicit abortion on women's health and welfare, family planning began to take roots. In 1966, the Family Guidance Association of Ethiopia (FGAE) was founded by those individuals who recognized the impact of rapid population growth, began to give family planning services

twice a week at the St Paul Hospital (Ibid:60).In 1982, the ministry of Health Publicly Authorized FGAE to offer family planning services to persons who are 18 years or older. This was a sudden advance in the sense that it was the first policy directing the association received to promote family planning as part of maternal and health care program (ibid).

(Ayele, 2005), through decades of work on women's health in developing countries, research has shown that women's social and economic status is inextricably tied to their ability to make key health care decisions. Women need the ability to decide when to start and finish child bearing, how long to wait after the birth of one child, and how many children to have. However, the information and services that women need to make those decisions often are not available to them (WHO, 1998).

Effective family planning would significantly reduce the number of unwanted pregnancies and therefore, obviate the need for induced abortion, which are the paramount causes of maternal death (George.et al, 1994).Hence, one of the most important instruments for improving women's health and reducing the frequency of maternal death is the provision of family planning information and services to women at risk.

The existing gender roles and unequal gender relations interact with other social and economic variables prevent many women from effectively negotiating family planning service utilization with their male partner. Women either are under collective decision-making with their husbands or completely relay on the husband's decision on issues that affect their reproductive life (Bankole and Singh, 1998).

Studies have also suggested that family planning programs in many African societies have been unsuccessful since they failed to take into account the power relations between the couples and the patriarchal nature of the societies.

In most African communities, the use of modern family planning service is often influenced by individual's perception of the efficacy of modern family planning methods and the religious belief of individual women (Ezech, 1997). Moreover, in many parts of Africa, women's decision-making power is very limited, particularly in matters related to reproduction and sexuality. In this regard, the husband or other family member often makes decision about family planning service utilization (Yared and Asnakech, 2002).

There are many other factors contributing to low family planning service utilization in Ethiopia in general and at Mojjo town in particular. As to the knowledge of the researcher, there was no research existed related to determinants to family planning service utilization in the study area. Thus, the present study focuses on the determinants to family planning services utilization in Mojjo town.

1.2. Statement of the Problem

Debates surrounding the consequences of population growth and economic development have been both vigorous and continuous. The rate of population growth has been judged to vary considerably from country to country and over time (UN, 1998). According to this report, the rapid population growth has been considered relatively small in compression with other determinants of economic prosperity. Nevertheless, there is a general view that the rapid population growth of many developing countries makes it more difficult for these countries to achieve improvements in the standard of living as well as to protect their environment.

Ethiopia is one of the developing countries where population issue has become a major area of concern. The country began family planning services through Family Guidance Association of Ethiopia that established in 1966. However, the fertility regulation efforts made so far in Ethiopia through Family Guidance Association and others organizations are minimum (ibid).

The determinants to family planning service utilization have seen as extending beyond factors operating at the individual and household levels, to include characteristics of the social and cultural environment and the health service infrastructure. This view of access recognizes the importance of attributes of the health system in shaping an individual's ability to seek health care, highlighting the importance of the supply environment of on health care utilization. This conceptualization of access incorporate factors operating at the individual, household, and community level to influence individual's access to services in terms of the socioeconomic, cultural and service supply context in which they live.

Although the contraceptive prevalence rate among women of reproductive age (15-49 years) in Ethiopia in general and in Mojjo in particular has increased during the past time, still it is very low. This may indicate the existence of some determinants that prohibit couples from utilizing

family planning services. Thus, investigating those factors is very important since there was no study conducted in the area concerning family planning services utilization.

1.3. Significance of the Study

The use of family planning service has been increasing worldwide over the past few decades, particularly in developing countries. Nevertheless, it is not clear whether all women in each country have benefited from this trend. Nowadays, Ethiopia faces complex of challenges in its development efforts including the need for family planning services. Having realized the problem, some voluntary and government institutions like the Ministry of Health are attempting to minimize the problems. Those segments of population that are vulnerable are not getting the services. At present family planning, activity is inadequate due to various reasons. Given that family planning has important effects on health and on the financial and social circumstances of a family, it is important to find out whether there is any determinant of family planning service utilization among the members of society.

There fore, this study provides significant information on determinants of family planning service utilization in the study area. Moreover, it helps to evaluate the existing prevalence rate of family planning service utilization. Similarly, the result of this study may help to provide valuable information for further studies on family planning service utilization in the study area. It may also help to attract the attention of concerned organization and supported bodies working on family planning.

1.4. The Scope of the Study

Family planning services utilization problems are observed in both urban and rural parts of Ethiopia. However, due to time and material constraints the study is limited to the major determinants of family planning service utilization in Mojjo town.

1.5. Limitation of the Study

The responses to the question on use of family planning services were self-reported and the validity of the respondents' claims was never ascertained. In addition, some officials were not voluntary to provide information at the time of survey.

1.6. Organization of the Thesis

The paper organized in to five chapters. The first chapter deals with introduction part.The second chapter is focusing on reviewed literature .Chapter three deals with study design and methodology that includes study area, study design sampling procedure, sample size determination, data source and collection instruments, data analysis and ethical consideration. The fourth chapter deals with the results of the findings and the final chapter presents, summary, and conclusion and provide possible recommendations.

CHAPTER TWO

2. Review of Related Literature

2.1. Population Growth

The influence of population growth in almost every aspect of life has attracted people's attention in recent years. According to Robert Thomas Malthus, in his essay on the principle of population, population increases geometrically (1,2,4,8, ...) but given the scarcity of natural resources, the food supply increases only arithmetically (1,2,3,4,5,6, ...) by a constant amount. The resulting over population, Malthus argued, leads inevitably to natural resource depletion, poverty and social disorder and he called for stringent methods of population control to avert these problems (Barnett& Barbara, 1994).

Many populations versus economic analysts argue that rapid population growth threatens the growth of per capital income. Population growth interacts with public education, health, welfare and employment resources and the quality of the environment. In rural areas, deforestation, over cropping and over irrigation is some of the environmentally harmful practices, which result from population pressure. In urban areas, over growing is one that commonly attributed to population pressure (Ibid: 40).

2.2. Determinants of Family Planning Service Utilization

Bongaarts, Frank, and Lesthaeghe (1984) consider different variables: demographic, socioeconomic and proximate variables. Demographic variables include age, age at first marriage, marital status, number of living children spousal fertility desire and sex preference. Socioeconomic variables include education, social, cultural, economic and health variables whereas proximate variables include biological and behavioral variables. Some of the basic demographic, socioeconomic, and psychological determinants of family planning service utilizations are explained as follows.

2.2.1. Demographic Determinants

2.2.1.1. Age of women

Dilnessaw (1995:74:75), in his study "Determinants of women's contraceptive utilization in Nazareth Town," has found out that age and fertility intention are the two important variables that influence the utilization of family planning methods.

According to the findings of his study, women aged (30-39) reported to have higher ever utilization of contraceptive than younger women may be due to the fact that the former have either achieved or are on the average of achieving their desired family size. Women aged (30-39) are more likely to accept contraceptive methods to regulate or terminate fertility than younger women. Women in this age group could be taken as a target population where family planning service can easily expand in the study.

He further stated that decrease in contraceptive utilization in the age group (45-49) as compared to women aged (30-39) might be that older women are likely to have traditional views towards modern contraceptives. Some may even feel that they are infertile and as a result, they will refuse to utilization birth control methods.

2.2.1.2. Marital status

Marital status is also observed to influence the decision to utilization contraceptive methods. Women who had never married have the highest average odds of using contraceptive methods as compared to all ever married. Those women who have never married are more likely to utilize contraceptive methods than those who are living with their husbands or partners. This may reflect a higher motivation to prevent births among unmarried women who are sexually active. Having some premarital birth may reduce their chances of getting married or of continuing their education. Although unmarried women may be highly motivated to utilize contraceptive methods, the providers sometimes make it difficult for them to family planning method and in addition, parental attitudes are particularly negative. (Newland &Kathleen, 1977)

2.2.1.3. Age at first marriage

Yacob (1992:96) has argued that in societies where child bearing takes place only or usually within marriage, the age at which women enter marital union has a direct effect on their reproductive performance, if other factors that influence women's exposure to unwanted pregnancy is constant.

Kaway (1996:37) has stated that in developing countries, marriage is universal. In these countries, women enter into marital unions at early age. Hence, educational opportunities and access to other alternatives like social and economic activities are almost closed to them.Kawaye further stated, in many societies; girls may be married before reaching puberty. As a result, child bearing started early. Women give many children and continue having children because that is the only area where social fulfillment is still available for people who have no access to maternal wealth or to alternative human pursuits.

Yacob (1992:62), have written that age at first marriage substantially contributes to fertility decline. The indirect relationship between age at marriage and fertility is that late marriages decrease the total duration of fecund exposure to sexual activity and shift it into the order ages of lower fecundity. "Hirut (1993:6), Argued that fertility risk is a woman issue that if a woman reproduce children to her maximum biological capacity, she could have 10-12 living children if it were not for infant mortality." This means a woman who have such number of children must have started bearing children as early as age 15 and only discontinue when she is 49 (when she is not able to produce).

Gage (1995:269) has stated that among Togolese women ever utilization of a modern method is substantially higher among women in completely self-chosen marriages than among those in arranged marriages. In addition, utilization of modern contraceptives is two times more prevalent among women who first married at age 18 or older than among women who married before age 16.

2.2.1.4. Total number of living children

Kaway (1996:28-29), has written that child mortality is one of the crucial factors for fertility decline. "It is not babies that parents want but surviving children." As Icassen, 1997 cited by Kaway, (1996:28-29), losing a child obliges couples to desire more number of children. In most

developing countries, infant mortality is high. So that, women are morally forced to have as many children as they can bear if they want to be sure that at least a few level live to adulthood. A woman cannot plan to bear only two children if child mortality is high in the community. Kaway further indicated individual response to levels of mortality in the community is such that mortality must decline drastically and remain at low levels over a long period before individuals will be confident of their children's survival chance. In a society where infant mortality is high, child bearing and rearing are methods of maximizing family economic and social opportunity. Cases of major fertility reducation in the absence of mortality improvements are so rare in developing countries that may regard the decline of infant childhood mortality as in effect a prerequisite for large reductions in fertility.

2.2.1.5. Spousal fertility desires

Mahmood and Ringheim (1997:122) have written, "A husband's demand for children is significantly related to his wife's desired fertility, as well as to the couple's fertility out come." This compatibility is not surprising, in that the husband's and wife desires are subject to similar- if not entirely overlapping familiar, religious, socio economic and cultural norms and influences. In countries with enduring high fertility and gender inequality, spousal fertility intentions may be less compatible given the low levels of education, the relative confinement of women and societal norms that carry little need or motivation for couples to communicate their desires to each other. In such social settings, husbands' fertility desires may be taken for granted even outside the family, whereas the desires of wives 'are probably shaped largely by familiar norms and pressures.

2.2.1.6. Sex preference

Cultural traits such as son preference and number of siblings are important to explain fertility behavior in a traditional society like Ethiopia; therefore, they deserve to be looked in detail. Khan and Khanum (2000) found that sons are generally preferred over daughters owing to a complex interplay of economic and socio-cultural factors. They suggested that son preference embedded in cultural and religious traditions and community norms as well as economical factors, shaping individual attitudes and behavior.

In most developing countries where women are economically and socially dependent on men, male offspring are presumed to have greater economic net utility than female offspring. The argument is that sons can help to provide old age support to their parents. This is particularly important in most developing countries where there is no other form of old-age security. They also suggest that sex preferences for children might have implications for a couple's fertility behavior, where parents who desire one or more children of a certain sex should tend to have larger families than small

2.2.2. Socio Economic Determinants

2.2.2.1. Migration status

Differences are also observed in family planning services utilization between women who are migrants and non migrants. Different studies show that, non migrant dwellers utilize contraceptives more than migrants. The family planning and migration status in which a woman lives is important. As expected, women living in communities where there is a family planning facility tend to utilization contraceptives more than those who have to travel to another place for the services.

2.2.2.2. The Status of women

Kebebew (1986:24), defined status as "The position in which women are found in the structure of the society." Women's position in the family, economic sectors and public life can influence their access to family planning services. In Ethiopia, both the culture and the family law treat women as inferior to men.

Newland (1977:6) and Hirut (1993:2) stated that, for most women, the purpose and goal of life is define largely in terms of mother hood. This is a justification for not including them in the few development programs. (Genet 1991 cited by Hirut, 1993:3-4), has argued that in countries like Ethiopia where the patriarchal system is dominate, women's activities are limited within the home environment and involve cooking, raising children and taking care of the family.

As Kebebew has indicated, if higher fertility guarantees lower status positions for women, can contraceptive utilization be a tool for enhancing women's status?Issues on family planning can only be discussed between partners when they have equal position within the household and

mutual respect for each other. However, matters of fertility are not debated within each household because; bearing children forms the whole basis of marriage. The husband is often the dominate partner and women cannot bring up the subject of regulated fertility.

Hirut (1993:8) has written that women's are not always able to control their fertility because they lack the autonomy to make this decision within their household and in the society. The low status of women has been identified as the root causes of maternal death, poor health, and high fertility many societies.

2.2.2.2.1. Education of women

Many research studies have indicated that the education of women is positively related with the utilization of family planning methods. Among countries in Africa, Asia and America, it has been found that, the higher the level of education, the larger the portion of family planning utilization (UN 1986 cited by Debesai, 1991:15). Women with primary education are much more likely to utilizates family planning methods than women with no education but not as likely as women with a secondary education or more (population Report, 1992).

Newland (1977:8) argued that the education of women influences fertility by bringing women in to anew environment that is to new sources and information. According to Debesai (1991:77), educated women have better access to modern ideas and family planning information, and are more likely to accept the idea of small size than the uneducated women are. Newland (1977:8-10) further states that literacy also helps to spread information about birth control. Thus, enabling women to know about the advantages, disadvantages, and side effects of various family planning methods.Schooling also changes women's self-image, promoting independent values and aspirations. Those mothers who want their children to be educated usually limit the number of their children so that they can afford to educate them. As Govindasamy (1996:331), has indicated formal education also promotes an ideology of independence and egalitarian marital relationships, resulting in women's greater desire for and ability to practice fertility control. He has also indicated in his study, education brings positive attitudinal changes towards the utilization of family planning methods as well as greater decision the utilization of family planning methods as well as greater decision-making power in spheres connected with contraceptive choice. Higher level of women's education will have strong effect in increasing the issue of family planning methods. Yacob (1992:19 and 26) in his study, "The Fertility Behavior

of elites and their perception of the population problem in Ethiopia", found out that the majority of elite irrespective of their sub group utilization modern family planning methods.

2.2.2.2.2. Employment of women

Newland (1977:16-17), has argued that arising female employment rate associated with a reduction infertility is not nearly so consistently observed among the developing countries. It is easy to visualize the ways in which childbearing interferes with a woman's work. It also observed that countries of women employed outside their home. Hirut (1993:2) has written that in Ethiopia, economic and social cultural values, attitudes towards work, often hinder women who try to enter into job market. Besides, women are not always able to take full advantage of the field of management as level as decide on how many children to produce or not.

Newland (1977:20-21) further stated, "employment may be a genuine learning experience for some young women beginning of sense of personal autonomy, responsibility, rising expectations, and economic and psychological independence from their families. What employment offers to women is, above all, a higher degree of control over their own lives. A woman who can earn her own living is not entirely dependent on others, economically or psychologically. If the conditions are right, working can satisfy needs they go beyond absolute physical maintenance.

George (1994) highlights the importance of women's employment to their contraceptive behavior. Their finding indicate that after controlling other factors, women who were self employed and those who were employees had reactively higher probabilities of using all family planning method than those who were not employed the likelihood of contraceptive utilization being greatest for employees.

It seems likely that uneducated employed mothers want more children than they have, and that their smaller size results from not having adequate support with childcare and domestic tasks. Thus if such help were available, it would reduce the determinants of both roles. Even having a new child would be reduced since the mother might not have to give up her hobs under these situations we might well expect the fertility rates of the educated working mothers to raise.

Newland (1997:18), has argued that, the kinds of work that are compatible with childcare are the very hobs that keep women, even while working, firmly with in traditional roles. For instance, jobs like agriculture, labor, cottage industries, traditional marketing have less effect in changing

the worker's relations with her family, to the outside world or to her status and autonomy. However, the negative relation between work and fertility may hold true even for traditional jobs, if these jobs do some things to set women apart from her home and family.

However, Newland (1977:17-18), stated that for extremely poor women who are heads of households, working is not a matter of choice. No matter how many children a poor women has, she must go on working in order to feed her family. Here, fertility control is often involuntary. Thus under this condition of poverty, working for women cannot be an alternative for child bearing, because either of the two is freely chosen. To work or not to work, to have children or not to have children can be considered only when women have the real option of choosing between the two alternatives.

2.2.2.3. Education of husband/partner

Several researches over the past years have found a strong and positive relationship between education and contraceptive utilization. Survey done in Jordan to examine men's knowledge, attitude, and practice regarding birth spacing and utilization of contraceptive has shown the strong influence that education bears on men's general knowledge about family planning. This study also revealed that the attitude towards contraceptive utilization was more positive among men with at least secondary education than among their less educated counter parts (Wasilla Petro-Nestas, 1999).

2.2.3. Socio-Cultural Determinants

2.2.3.1. Religion

The strength of commitment to a religion will have an effect on fertility. Some religious value systems contain elements, which have no direct bearing on fertility but likely to have an effect for instance Kebebew has indicated if we look at the effect of religion on family planning services in Ethiopia, one does not see an open contradiction even though the negative impact of religious precepts cannot be ruled out

Different religious groups have different views on fertility control. For example

Catholic Church: - has always been against contraception. For Catholic Church limiting birth by using contraceptive is a sinful act and is condemned for it (the new Ency.Britannica:1986:115)

Protestants: - do not oppose the idea of fertility control or family planning. The Protestants accept contraception and other related family planning methods but they condemn abortion as a family planning method (Ibid).

Hinduism: - has no explicit teaching on contraception and centralized institutions to enforce such teachings. However, the begetting of son has seen as religious duty (kebebew 1986:23).

Buddhism: - is anti contraceptive in its teachings, preventing birth is tantamount to killing(Ibid).

Islam: - is against the idea of using contraceptives to control birth. Islam has strong pronatalist attitude (Ibid)

Orthodox: - although the Orthodox Church has not publicity objected to family planning, old religious values are likely to operate against the practice of family planning .

In general, religious fatalistic belief, which is rampant among, the people, tends to be an obstacle to family planning

2.2.3.2. The value of children

Kaway (1994: 38-39), has written that fertility can be viewed as social behavior governed by the restraining influence of norms which specify one's behavior in particular situations and which define what goals to achieve with respect to fertility norms, desired family size and child bearing practices. Small size families have also exposed to the same pronatalist norms, other norms and social pressure, which overpower them.They experience antinatalist norms in the form of expectations to provide higher levels of education and child quality career involvement and peer pressure for small family planning methods guarantee that they will have fewer children.

2.2.4. Socio-Psychological Determinants

Muhammad and Ringheim (1997:123) have written that fertility desires are influenced by socio economic, religious and health factors, which shape a mutual set of interests even in the absence of open communication. Communication between husband and wife about the desire for additional children may be non-verbal, or it may occur indirectly, perhaps through family members. The absence of communication between spousal is a challenge to family planning service providers since it may contribute to the non-utilization of contraceptive.

Gage (1995:265-274), has written that women whose choose their spouse with out family advice are more likely to discuss family planning with their parents than those whose marriage were arranged by their families. For instance, women, husband wife communication are widely practiced among women who exercised independence in choice of spousal than among those in arranged marriages. Further more, "the younger the women's are at first marriage, the lower the prevalence of spousal communication about family planning". Educated women are more likely to communicate about family planning with their spousal than women who are uneducated.

Newland (1977:6) has argued that most family planning programs have become unsuccessful because they fail to see women as an individual who can perform functions other than that of a mother whose function is limited only in given birth. However, women's role as mothers in a social construct, not a biological trait. However, family planning programs fail to understand this point. They adopt an attitude toward women that is fundamentally coercive.

Gage (1995) has stated that unfounded fears and lack of knowledge abut modern contraception and limited access to services and supplies can hinder family planning's impact in reducing fertility and maternal deaths for instance, in some cases permanent weakness and fatigue.

2.2.5. Access to Family Planning Services

In developing countries, family planning services have delivered mainly through health institutions. In Africa, the majority of the people do not have access to family planning services, especially in rural areas. Though in some extant, they are far from satisfying the needs of the population needing such services.

Biddlecom et al (1997:168), have written, "The demand and supply factors are very vital in determining contraceptive behavior. " Demand" refers to the motivation to space or limit births while "supply" refers to the accessibility and quality of family planning services"

They further argued that contraception behavior is jointly characterized by the motivation to practice contraception versus the cost of contraception. Such costs induce much more than the availability of family planning services; they include all social, psychological and cultural factors men and women who are interested in practicing contraception. This definition of contraceptive

cost is consistent with the growing recognition that unmet need for family planning services cannot be due to in adequate access only in many setting.

2.3. Objectives of the Study

2.3.1. General objective

The general objective of the study is to identify the demographic, socio economic, cultural, and psychological determinants of family planning services utilization in Mojjo town.

2.3.2. Specific objectives

The specific objectives of the study are

1. To investigate the level of women's knowledge and attitude of family planning methods.
2. To identify the level of family planning methods practice among women of reproductive age.
3. To assess the availability and accessibility of family planning services and supplies in the town.
4. To identify the types of family planning services mostly utilized by women of reproductive age.
5. To explorer the major determinants of family planning services utilization.

2.4. Hypothesis

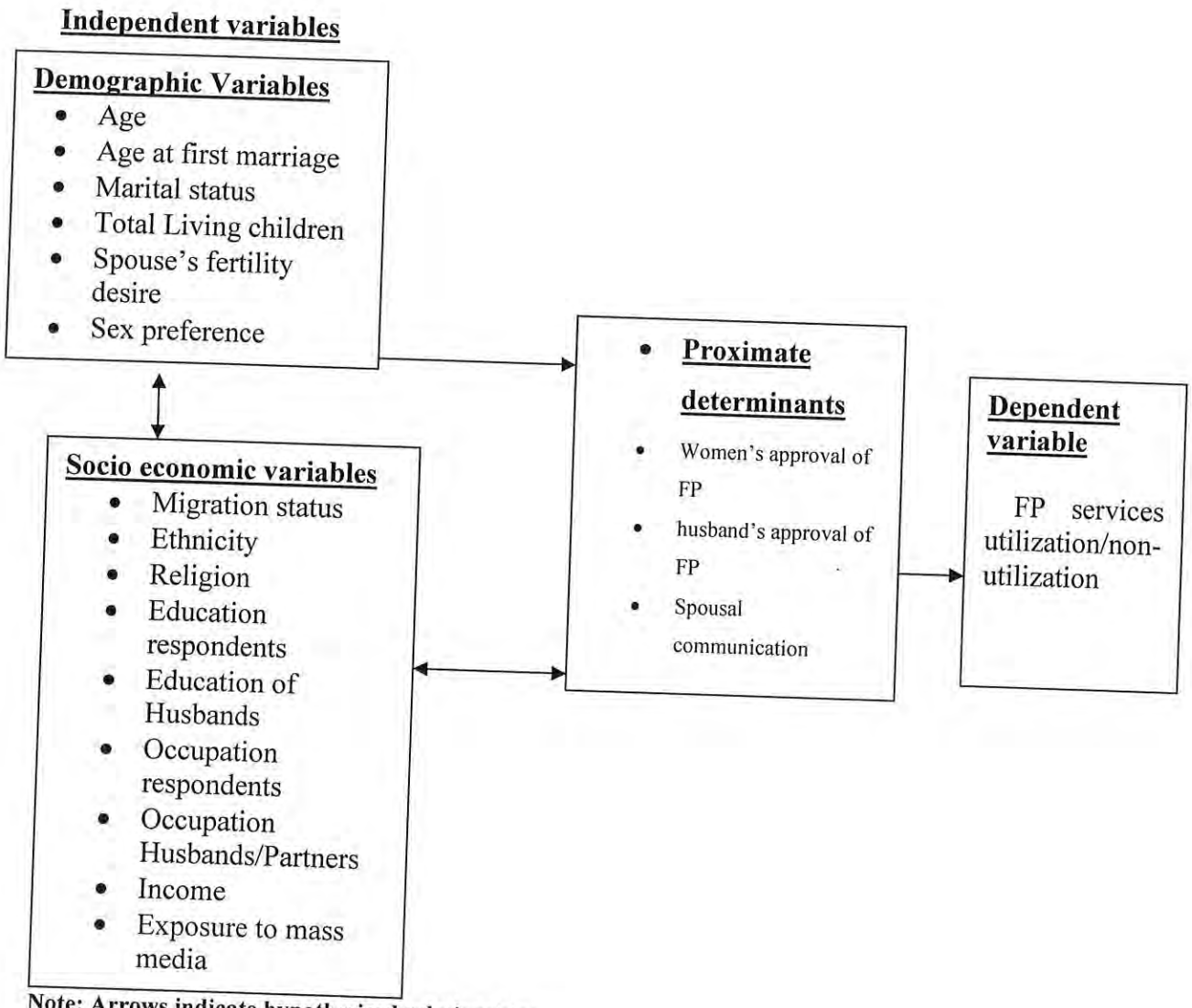
The study tests the validity of following five hypotheses:

1. Family planning methods practiced more by women in the middle age group than older or younger age group.
2. Women with more total living children are more likely to use modern family planning methods than those with less number of children.
3. Educated women are more likely to use family planning methods than those less educated ones.

4. Working women are more likely to utilize any family planning method than not working.
5. Women who approved family planning methods are more likely to utilize family planning methods than disapproved.

2.5. Conceptual Framework

The independent variables, which influence the use of family planning services of the study population, are divided into three sets. The first one is the demographic variables, which includes age, age at first marriage, marital status, number of living children, spouse's fertility desire and sex preference. The second is the socio economic variables. Under this, migration status, religion, ethnicity, education of women and husbands/partners, occupation of respondents and husbands/partners, income and media exposure are included. The third group of independent variables is the proximate determinants that are indexed by various indicators of women's and their husband's knowledge, attitudes, and perceptions. The dependent variable is family planning service utilization/non-utilization



Note: Arrows indicate hypothesized relationships

Fig 1:-Conceptual framework showing the determinants of contraceptive service utilization

Table 1: Variables included in the analysis

Variables	Categories
Dependent variable	
FP services utilization	Family planning service utilization/ non utilization
Independent variables	
Demographic variables	
Age	15-24,25-34,35-49
Marital status	Never married, ever married
Age at first marriage	<15,15-18,19+
Total number of living children	0,1-2,3-4,5+
Ideal desire of children	0,1-2,3-4,5+
Sex preference	Yes I have, I don't have, God/Allah knows
Socio economic variables	
Migration status	Migrantes, non migrantes
Ethnicity	Amhara, Oromo, Tigray, Others
Religion	Orthodox, Muslim, Protestant, Others
Education respondents	No education, primary, secondary college/university and above,
Education of husbands	No husband/partners, no education,primary, secondary, college/university and above
Occupation respondents	No occupation, Daily laborer, Professional, Others
Occupation husbands/partners	No husbands/partners, No occupation, self employed/trader, professional ,others
Exposed to mass media	Exposed ,not exposed
Proximate variables	
Woman's approval of FP	Approved, disapproved
Husbands/partner approval of FP	No husband/partner, approved, disapproved
Spousal communication	No husband/partner, discussed, never discussed

2.6. Operational Definition

It is essential to give the operational definition of some key concepts in order to avoid any confusion for the readers. Hence, the terms that are frequently used in his paper are the followings:

Family planning methods: any method of device for voluntary prevention of pregnancy .It includes both modern and traditional.

Contraceptive Prevalence Rate: - is the percentage of currently married women of reproductive age who are using or whose husbands are using any form of contraceptive.

Current use of contraception: respondents or their husbands/partners who were using contraceptive method during the period of data collection

Ever use of contraception: are women who are using contraception's or husband who has been using contraceptives at some time in the past.

Family planning services: are medical, social, and educational services rendered by voluntary associations and governmental health institutions that are integrated with material and child health services

CHAPTER THREE

3. Methodology of the Study

3.1. The Study Area

The study is conducted in Mojjo town-east shawa zone, Oromia region. It is located in the central part of Ethiopia with a population of about 29,272.the majority of population belongs to Oromo ethnic group, with small proportions of other ethnicities. The major occupations range from trading to civil service. The town has health institutions: one government health station and five private clinics. Most of the health institutions provide modern family planning services.

3.2. Data Source and Collection Instruments

Qualitative and quantitative data collection typically involves multiple data sources and multiple data collection methods (Grinnell, 2001). In this study, ever married and never married women in reproductive age group as potential data sources. In the data collection, both primary and secondary sources were used. Data were collected from each of the units of analysis mentioned above through interviews and reviewing existing documentation.

In-depth interview: According to Grinnell, (2001) data collection in the interview is interactive, where by the researcher can checkout some ones' understanding and interpretation as a researcher through dialogue with the research participants. In this study in-depth interview with individuals, representing the ever married and never married women was conducted. Place for the interview was based on the respondents' preference to keep their comfort.

The focus group discussion (FGD) also conducted since it helps to understand issues and variation among members of the discussion and since this method is best suited for obtaining data on group attitudes and perception by initiating members for active discussion. During FGD, subjects were made to feel free to raise their opinion, beliefs, and questions on each point.

Total of 20 people agreed to participate in FGD. The discussion was conducted in four groups. Each group had 5 participants.The discussions were sepateted by age group to examin the attitudes among different ages and allow the participants to fell more comfortably discussing family

planning with interviewers. The interviewers were of the same age as the groups' participants and who has been trained in focus group techniques by researcher.

Secondary document review: In order to support the findings of this study, previous work on family planning services utilization were assessed.

3.3. Study Design

The study employs cross-sectional study design. As to the knowledge of the researcher, there was no research related to determinants of family planning service utilization in the study area. Therefore, this research explores the demographic, socio economic and psychological determinants in family planning service utilization in the town.

3.3.1. Sample Size Determination

During the planning stages, it is important to address the question of sample size. The investigator needs to know, beforehand, the approximate sample size required to give a desired precision. In order to determine sample size Cochran's (1977) sample size formula was used.

$$n = \frac{Z^2 * P(1-P)}{E^2} + 10\%$$

Where **n** = sample size

Z= standard normal distribution which is 1.96.

P=percentage of women who are currently using any methods of contraceptive for Oromia region in EDHS 2005 was 13.6 % (P= 0.136). That is 0.136 or 13.6%.

E =is the margin of error in the study which is 0.03.

Based on the formula of sample size determination, the sample size of the study was

$$\mathbf{n}=\frac{1.96^2 * 0.136(1-0.136)}{(0.3)^2} = 501$$

$=501$ + 10% of 501 =551 women in the age group 15-49 in the study town.

3.3.2. Sampling Procedure

The sampling design used in this study was simple random sampling technique to ensure that the sample is representative of the entire population of the study area. Mojjo town has two kebeles. These are kebele 01 with a total household of 1418 and kebele 02 with total household of 1622. Five hundred fifty–one (551) household were systematically selected from both kebeles and 551 respondents were selected from these household. The estimated total number of households was obtained from the kebele office.Based on these estimated households, from kebele 01, 256 and from kebele 02, 295 household were selected using systematic random sampling. From the systematically randomly selected household, one eligible respondent was randomly selected for the interview. Eligibility was based on age of women. In a situation where there was more than one eligible female respondent in the selected household, lottery method was used to select the respondent that was interviewed. However, if there was no eligible respondent in the selected household the next household to the right was selected from the same kebele.

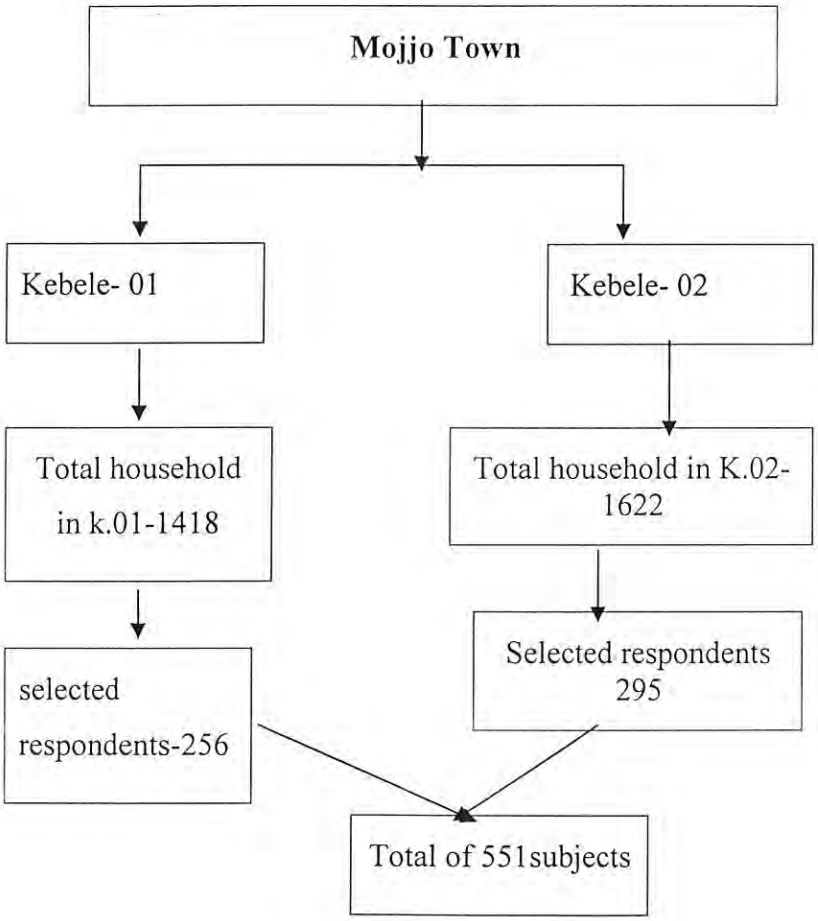


Fig.2.Schematic representation of the sampling procedures

3.4. Data Analysis

After the data collection was completed, recording and organization were continued.The recorded data was entered into SPSS software. In order to assure the reliability of the questionnaire the translated version of the first draft questionnaire important measures had been taken; first, the data, which was prepared in English language, was translated to Afan Oromo and Amharic by the researcher and two other individuals. For the data collectors the English version was once again translated in Afan Oromo. Then crosscheck was also made with the original questionnaire.

The data collected were entered, cleaned, and analyzed. This was done at three levels. The first level analysis involved an examination of the distribution of the respondents according to each of the selected background characteristics. Therefore, to know the structure of the population, data summarizing procedures such as frequency distributions and associated statistics were used.

The second level analysis involved the examination of the patterns of association between the dependent and independent variables using bivariate analyses and cross tabulations. The objectives of bivariate analysis is to check whether the observed differences between two proportions are whether attributed significantly to differences in proportion and they are categorized under the given independent explanatory variables. The statistic used for testing this association is chi-square test.The relation between a dependent variable and given independent variable was studied by using bivariate analysis. The dependent variable in the present case has two out comes: utilization and non-utilization of family planning services. Consequently, the sample was divided in to two proportions: proportion of utilizeres and non-utilizeres to the total number of respondents.

Level three of the analysis involved the utilization of binary logistic regression model to examine the variation of family planning service utilization in the study area and to asses the relationship between the dependent and independent variables.

In order to assess the relative importance of each predictor variables by controlling for the effects of other variables on family planning services utilization, a binary logistic regression analysis was carried out. This model derived its name from the logistic probability function (Gujarati1988). Under multivariate analyses, the objective is to test the combined influence of a number of independent explanatory variables on dependent variable. The result of the binary logistic

regression models is presented as odds ratio. The general model of the logistic regression equation in the analysis is of the form: Log [P / 1-P] = b0 + b1X1 + b2X2 + … + bkXk

Where X1, X2… X k are set of independent variables,

0 is a constant while b's are regression coefficients.

P is the probability of utilizing family planning services

Binary logistic regression is particularly relevant because of the dichotomous nature of the response to the dependent variable which is family planning service utilization and non- utilization.

Current family planning methods utilization takes a value of one if the respondents reported utilized and zero otherwise. The reference category of each dichotomously measured independent variable has a value of one and the values for other categories are compared to that of the reference category. A value less than one imply that individuals in that category have a lower probability of current utilization of family planning service than individuals in the reference category. For measuring independent variable, a value less than one implies a decline and a value greater than one an increase in the likelihood of reporting current utilization of family planning services as value of that variable increases. Only independent variables that are found statically significant in chi-square test were entered in to logistic model.

3.5. Ethical Consideration

As a researcher ethical considerations was given due emphasis. Due to the societal, cultural and religious sensitivity of the issue, the highest ethical standards was uphold; so that, the participants were not faced with any problem after the dissemination of the study results. Before the beginning of the data collection, participants were informed that they have a right to withdraw from the study any time. If this happens, the interviewee was taken from the contingencies. In addition, the aim of the research was clearly stated that, it is for academic purpose and no one is forced to be a participant in this research. It was only by the willingness of the respondents that they could be selected as participants of the study. The researcher had also letter of consent from Institute of Population Studies. The study assures that there is no deprivation of the respondents' right and benefit that they used to have from any service provisions. Moreover, the issue of confidentiality was taken in to consideration.

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CHAPTER FOUR

4. Results of the Main Finings

This chapter discusses on presentation analysis and interpretation of the data gathered from the respondents through questionnaires and interviews, focus group discussion, document checking and observation. Thus this chapter incorporated the quantitative as well as the qualitative analysis of data. The qualitative part is supposed to be the complementary to the quantitative analysis. Hence the qualitative includes mostly the FGD, key informants and document analysis

4.1. Characteristics of Respondents

In this part of the study, demographic, socio economic and psychological characteristics of respondents are presented with the help of frequency tables, and then analysis and interpretation were made to answer the basic questions which were initially prepared for the study.

4.1.1. Demographic characteristic of the respondents

The basic demographic variables included in the analysis are age of respondents, age at first marriage, marital status, total living children, sex preference of children and ideal number of children desire.

The respondents were found in the age range15-49 years. As indicated in table 2, about 28.9 percent of them were aged between 15-24 years, 37.7 percent respondents were between 25 - 34 years old, while the rest of respondents (33.4 percent) were 35 and above years old.

Regarding age at first marriage, most of respondents (35.4 percent) have got married in age 19 and above years .21.9 percent of respondents have got married in the ages between 15-18 years, 22.1 percent of them have got married in the ages less than fifteen years while the remaining 20.5 percent of respondents were never married. This showed that the age at first marriage in the study area is high.

As far as marital status is concerned, about 79.5 percent of women respondents were ever married, and the remaining 20.5 percent of them were never married. In this case, most of the respondents included in the study were married and only a few of them were never married.

With regard to total living children, a larger proportion of the women had more than five children (31.9 percent) and 21.6 percent had 1-2 children, 22.1 percent had 3-4 children and the remaining 24.3 had no any living children at the time of the study.

Concerning ideal number of children, the majorities (50.1 percent) of women showed their desire to have 3-4 children in their lifetime and 32.1 percent of women also showed their interest to have 1-2 children in their life while the remaining 17.8 percent of respondents responded their desire to have five children and above.

Regarding sex preference, as stated in table 2, the majorities (51.9 percent) of respondents have sex preference for children. That means, they preferred male instead of female and 42.1percent of women stated that sex does not matter, while only 6 percent of respondents suggested that sex of children is determined by the will of God.

Table 2: Percentage distribution of respondents by selected demographic characteristics

Demographic characteristics	**Number of women**	**Percent**
Age		
15-24	159	28.9
25-34	208	37.7
35+	184	33.4
Total	551	100.0
Age at first marriage		
Never married	113	20.5
<15	122	22.1
15-18	121	21.9
19 and above	195	35.4
Total	551	100.0
Marital status		
Ever married	438	79.5

Table continued		
Never married	113	20.5
Total	551	100.0
Total living children		
No Children	134	24.3
1-2 Children	119	21.6
3-4 Children	122	22.1
5+ Children	176	31.9
Total	551	100.0
Ideal number of children desired		
1-2 Children desire	177	32.1
3-4 Children desire	276	50.1
5+ Children desire	98	17.8
Total	551	100.0
Sex preference		
Have sex preferences	286	51.9
Sex does not matter	232	42.1
God knows	33	6.0
Total	551	100.0

4.1.2. Socio- economic characteristics of respondents

As indicated in table 3, 46.5 percent of respondents were non-migrants and 53.5 percent of respondents were migrants. There fore, the majority of them were included in the migrant group.

In the case of ethnicity, two ethnic groups are dominant. These are Oromo, which accounts 46.1 percent of total respondents followed by Amhara that accounts 37.4 percent of total respondents. Only 16.5 percent of the respondents were categorized under others ethnic groups like Tigries, Gurage and others.

Regarding religion, majorities of women were orthodox Christians (73.3 percent) followed by protestant (18.5 percent).Others accounted for 8.2 percent of the total respondents including Islam and Catholics.

As far as religious institution attendance is concerned, most of respondents (42.9 percent) attend once in a week followed by those who occasionally attending religious institutions (37.4 percent).12 percent of respondents daily attending religious program while the remaining 8.7 percent of respondent never attend any religious program at the time of the study.

The respondents also reported their educational level. Regarding this, 12.5 percent of women had no formal education, 27.4 percent had primary education, and 27.2 percent had secondary education and 32.8 percent were college and above education.

The educational level of husband/partner also stated in table 2.In this case, 5.8 percent of respondents reported that their husband/partners had no education, 20.3 percent of their husbands/partners attend primary education, 18.0 percent of the husband/partner attained secondary school education and 29.9 percent had college /university education.

With regard to occupation of respondents, women who had no occupation were 22.7 percent, daily laborers 26 percent, professionals 26.7 percent and others 24.7 percent.

On husbands' type of occupation, 11.4 percent had no occupation, 23.6 percent were self-employed/trader, 24 percent were professional, and the remaining 15.1 percent were engaged in other types of occupation as reported by women.

Again, on income of respondents, one can observe that most of the respondents had no monthly income or had low income of less than 500 birr per month. The majority (37.4 percent) of them reported that they had no monthly income at all and 30.7 percent, 10 percent, and 22 percent of respondents reported monthly earning of less than 500 birr, 501-1000 birr, and greater than 1000 Ethiopian birr respectively.

Table 3: Percentage distribution of respondents by selected socio -economic back ground characteristics.

Socio economic back ground characteristics	Number of women	Percentage
Migration status		
Non migrant	256	46.5
Migrant	295	53.5
Total	551	100.0
Ethnicity		
Amhara	206	37.4
Oromo	254	46.1
Others	91	16.5
Total	551	100.0
Religion		
Orthodox	404	73.3
Protestant	102	18.5
Others	45	8.2
Total	551	100.0
Religiosity		
Daily	66	12.0
At least once in a week	231	41.9
Occasionally	206	37.4
Never	48	8.7
Total	551	100.0
Education of women		
No education	69	12.5
Primary education	151	27.4

Table continued		
Secondary education	150	27.2
College/university	181	32.8
Total	551	100.0
Education of husbands/partners		
No partner	143	26.0
No education	32	5.8
Primary education	112	20.3
Secondary education	99	18.0
College/university	165	29.9
Total	551	100.0
Occupation of women		
No occupation	125	22.7
Daily laborer	143	26.0
Professional	147	26.7
Others	136	24.7
Total	551	100.0
Occupation of Husbands/partners		
No husbands/partners	143	26.0
No occupation	63	11.4
Self employed/trader	130	23.6
Professional	132	24.0
Others	83	15.1
Total	551	100.0
Income in Ethiopian birr		
No income	206	37.4
Less than 500	169	30.7
501-1000	55	10.0
Greater than 1000	121	22.0
Total	551	100.0

4.1.3. Knowledge, Attitude, and Practice of Family Planning Services

Respondents also stated their knowledge, attitude, and practice of family planning services. Variables like knowledge of family planning, types of methods heard, sources of information, attitude of respondents and husbands/partners, ever use of family planning methods, ever used methods, currently using at least one method, type of currently using methods, the purpose of family planning methods, future intention and spousal communication were included in this part of analysis.

4.1.3.1. Knowledge and sources of family planning methods

As it indicated in table 4, the respondents were familiar with family planning methods. More than 91.5 percent of them knew one method or more. Breast-feeding was the commonest traditional method known (32.5 percent) while injectable (66.6 percent), pills (63.7 percent), and condom (50.6 percent) were the commonest modern methods known. This implies that the study participants had high knowledge of family planning methods.

Respondents obtained information on family planning methods was mainly from clinics (52.5 percent) and followed by television (33.9 percent), radio (18.1 percent), written materials (13.8 percent), friends (10.7 percent), others sources (2 percent) and husbands/partners (2 percent) respectively.

The public sector, which includes government health station and private clinics, provides services for current utilizeres of modern contraceptive methods. Health station is the main source for contraceptive methods. The government health station is major provider of injectable, condoms, and contraceptive pills. The private sectors, which include clinics that provide different contraceptive methods for utilizeres.Shops, are also the major source of condoms.

Table 4: Percentage distribution of respondents by FP Knowledge methods

Knowledge of FP methods	Number of women	Percent
Ever heared	504	91.5
Never heared	47	8.5
Total	551	100.0
Methods known		
Condom	297	50.6
Inject able	367	66.6
IUD	200	36.3
Norplant	207	37.6
Female sterilization	141	25.6
Male sterilization	156	28.3
Pills	351	63.7
Breast feeding	179	32.5
Safe period	154	27.9
Others	66	12
Major sources of information		
Clinic	289	52.5
Pharmacy	18	3.3
Television	187	33.9
Radio	100	18.1
Public meeting	54	9.8
Husband or partners	11	2
Friends	59	10.7
Family planning office	35	6.4
Written materials	76	13.8
Others	11	2

Note: Questions relating to methods heard about and source of information allows for multiple responses. Only those who indicated "yes" to the options provided were reported in this table.

4.1.3.2. Attitude of respondents towards family planning services utilization

As stated in table 5, most of the respondents (82.2 percent) approved family planning methods, and 17.8 percent disapproved family planning methods. On the other hand, 32.5 percent of husband/partners were in favor of family planning methods.25.2 percent were against family planning methods and 16.3 percent could not know their husbands/partners attitudes. The focus group discussion result revealed women and husband disapprove of family planning methods. The respondents mentioned that women who are suspected of using family planning methods are severely criticized. Participants felt that those who use family planning methods would attempt to hide this fact from their friends and family

Table 5: Percentage distribution of respondents by attitude towards family planning methods utilization

Attitude of respondents towards FP	**Number of women**	**Percentage**
Approved	453	82.2
Disapproved	98	17.8
Total	551	100.0
Attitude of husbands /partners		
No partner/husband	143	26.0
Approved	179	32.5
Disapproved	139	25.2
Do not know	90	16.3
Total	551	100.0

4.1.3.3. Practice of family planning methods.

The respondents were also asked whether they have ever used family planning methods or not. According to their responses, nearly 33.6 percent of respondents have ever practiced one form of family planning methods and the other and 66.4 percent of respondents have never practiced family planning methods.

The most frequently ever-used contraceptive method was injectable (37.9 percent) followed by pills (28.9 percent).The least ever used family planning method was male sterilization (0.36 percent).

As indicated in table 6, only 38.3 percent of the respondents were using family planning methods at the time of the survey and the remaining 61.7 percent were non-users. Among family planning methods, injectable was the most frequently used (55.45 percent) followed by pills (26.06 percent), condom (7.1 percent), IUD (5.21 percent) and Norplant (0.95 percent) respectively while the remaining 5.21 percent of respondents used other type of family planning methods. From focus group discussants one of the young women reported the reason for use of injectables as:

'*I chose the injectable because I am still in school and know that my parents would be mad at me if they found I was using something.*'

Women were also asked whether they have an intention to utilize the family planning services in the future. The information obtained from them showed that 68.1 percent of respondents have an intention to use family planning methods and 31.9 percent of them did not have any intention.

Table 6: Percentage distribution of respondents by family planning methods used

Ever used FP methods	**Number of women**	**Percentage**
Yes	185	33.6
No	366	66.4
Total	551	100.0
Types of methods ever used		
Condom	53	9.6
Inject able	209	37.9
IUD	23	4.2
Norplant	13	2.4

Female sterilization	6	1.1
Male sterilization	2	.36
Pills	159	28.9
Breast feeding	10	1.8
Safe period	13	2.4
Others	6	1.1
Currently using any FP method		
Yes	211	38.3
No	340	61.7
Total	551	100.0
Types currently using FP method (N=211)		
Condom	15	7.1
Inject able	117	55.45
IUD	11	5.21
Nor plant	2	0.95
Pills	55	26.06
Others	11	5.21
Total	211	100
Future intention		
Intend to utilize	375	68.1
Not intend to utilize	176	31.9
Total	551	100.0

Note: Questions relating to ever used methods allows for multiple responses. Only those who indicated "yes" to the options provided were reported in this table

4.1.4. Purpose of utilizing family planning methods

Among current family planning methods users 58.29 percent of them using for birth spacing and the remaining 41.71 percent of the current users for limiting purposes. From this, we can understand that, most women have desire to space children in the future rather than limiting the total number of children.

Table 7: Percentage distribution benefit of FP methods

Purpose of family planning methods(N=211)	Number of women	Percentage
Birth spacing	123	58.29
Birth limiting	88	41.71
Total	211	100

4.1.5. Spousal communication and media exposure

Some partners/couples do not always explicitly discuss family size or family planning service utilization. Regarding this, as indicated in table 8, 54.16 percent of spouses discussed about family planning issues while 45.84 percent of couples never discussed on family planning issues. This implies that, husband wife communication in the study area was relatively better. Some of the married women were reluctant to talk about family planning. They said that they were not allowed to discuss such things and may be beaten for doing so. In this case there were no discussions with husbands/partners in most of the cases. On the other hand, unmarried young women did not discuss on family planning rather discussions among them revolved around age at marriage.On the other hand, 58.3 percent of respondents had media exposure and the remaining 41.7 had no media exposure.

Table 8: Percentage distribution of respondents and spousal communication about family planning

Spousal discussion on FP methods(N=408)	Number of women	Percentage
Discussed	221	54.16
Never discussed	187	45.84
Total	408	100.0
Media exposure		
Exposed	321	58.3
Not exposed	230	41.7
Total	551	100.0

4.1.6. Reasons for Non- Utilization of Family Planning Methods

Among total respondents 61.7 percent (n=340) did not use family planning methods at the time of the survey. For non-utilizers, questions were also raised in order to point out some basic determinants that hinder them in using family planning services and hence they mentioned several reasons for non-utilization. The reasons for the non-utilization of family planning methods among women stated as follows.

4.1.6.1. Fertility related reasons

Fertility related reasons were the most reported determinants that affect the family planning services utilization in the town. Among fertility related reasons, abstinence was the highest reported reason (23.2 percent) followed by infrequent sex (4.7 percent), sub fecund (3.2 percent) and breast-feeding (1.72 percent) respectively.

4.1.6.2. Opposition to utilization

Opposition to utilization is also another reason reported by women for non-utilization. This reason include respondents opposition, husband's opposition, others opposition and religious opposition, account for 24.4 percent of reported determinants to family planning service utilization.

In Ethiopia society, the status and decision making power of women is very low .Focus group discussants explained that men are largely in control of decisions regarding family planning service utilization. The proportion of women who decided to utilize family planning methods by themselves was very low. Women who did not want to utilize family planning methods due to their own personal opposition contributed only 2.4 percent of non users and 10.9 percent had reported that they have faced oppositions from husbands/partners. Women in the focus group discussions also explained that they could not easily suggest the utilization of family planning to their husband/partner. Because they feared that their husband would accuse them of being bad women for speaking of such things.

Religious opposition was also important factor for family planning methods non-utilization, which accounted 7.6 percent of the non-utilizeres. So they convince not to utilize family planning services. There was wide spread agreement that GOD decides how many children a couple will have.

4.1.6.3. Method related determinants

Some times people worry about modern family planning methods and their side effects. Potential family planning utilizeres prefer not to use more reliable methods due to misperceptions and concerns about their health. Method related determinants like health concerns, fear of side effects, and lack of access/too far, too much costs and health care provider bias accounted for 32.4 percent of non-utilizations of family planning services. The method related reasons were mainly health concern which contributed 17.9 percent followed by fear of side effects (6.7 percent), lack of access 3.5 percent, health provider bias 2.4 percent and cost of contraceptives only 1.8 percent respectively.

4.1.6.4. Knowledge of method and knowledge of source

The knowledge and sources of family planning methods were other important factors for non-utilization of family planning. This was mainly due to respondents lack knowledge on the type of method or they did not know the source of family planning methods where to obtain. Lack of knowledge of family planning methods accounted 6.5 percent while lack of sources of family planning method was also reported by 4.4 percent of non-users.

In addition to the above determinants, there were also the problem of availability and accessibility of family planning services. Regarding this, key informants have reported that they did not have sufficient discussion with the clients because of different factors including the shortage of appropriate time and counseling center/room. The limited time and place for service provision hinders the normal family planning service utilization. They explained that the discussions with women were constrained by the absence of appropriate place but confined to small rooms for large numbers of clients with in short period of consultation hours during the appointment time.

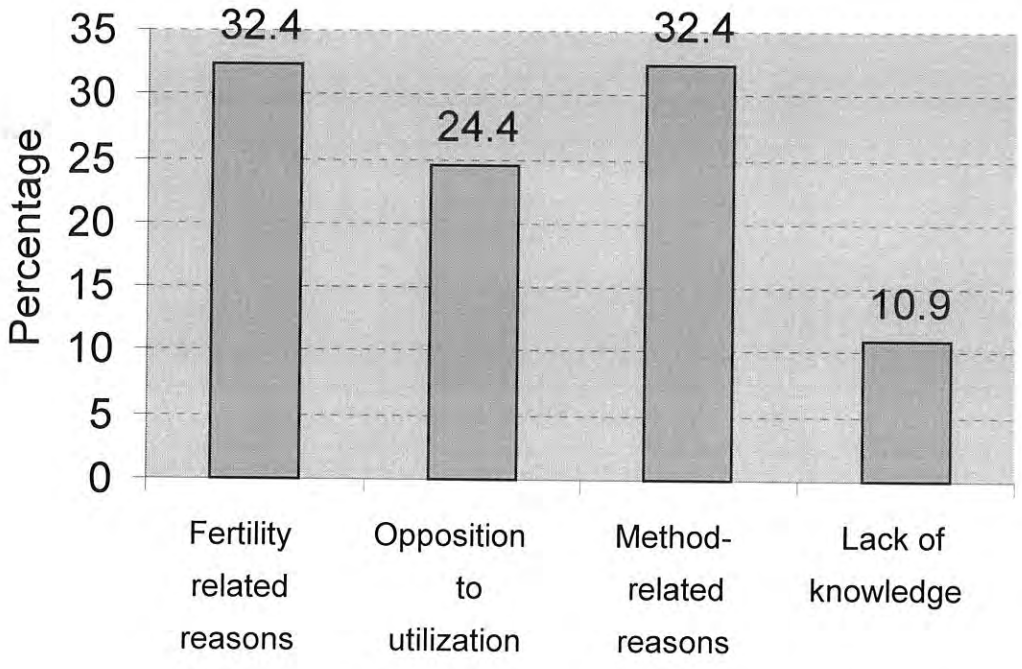
On the other hand, the reports from health station and clinics as well as from the key informants showed that pills, injectables and condoms were offered in all these institutions. Permanent methods of family planning services were not offered. The frequency of family planning discussion with clients was reported as not sufficient because effective discussion on family planning and reproductive health needs equivalent proportion of health care providers to the clients. Only mass gatherings and short discussions were made at the health institutions. This seems to be not comfortable with clients' interest to discuss with the health professionals openly. Since the cost of modern contraceptive methods at the health station is provided freely and cheaply women were motivated to take family planning services. However, the supplies of family planning methods were very limited in number to keep women's family planning method choices. The communication languages are mostly oromifa and Amharic. However, this is not accompanied by language barrier in service provision, because most clients can speak and listen these languages and they can easily communicate. On the other hand, respondents reported that the names of modern family planning methods were not clear and easily understandable. The reason is that most of the names are in other foreign languages and not properly translated in the local manner.

There fore, the results from the key informants and focus group discussion showed that there is limited discussion, availability, and material supply in the study area to provide effective family planning service utilization.

Table 9: Percentage distribution of respondents by reason for the non utilization of family planning methods

Fertility-related reasons	**Number of women**	**Percent**
No having sex	79	23.2
Infrequent sex	16	4.7
Sub fecund /in fecund	11	3.2
Breast feeding	4	1.72
Sub total	110	32.4
Opposition to use		
Respondent opposed	8	2.4
Husband opposed	37	10.9
Others opposed	12	3.5
Religious opposition	26	7.6
Sub total	83	24.4
Method-related reasons		
Health concerns	61	17.9
Fear side effects	23	6.7
Lack of access/too far	12	3.5
Costs too much	6	1.8
Health care provider bias	8	2.4
Sub total	110	32.4
Lack of knowledge		
Knows no method	22	6.5
Knows no source	15	4.4
Sub total	37	10.9
Total	**340**	**100**

Fig 3: Reasons for Non-use



Self reported determinants of family planning services utilization

4.2. Differentials in family planning service utilization

4.2.1. Results of bivariate analyses

In this part of the study, some basic determinants to family planning service utilization obtained from respondents through questionnaires and interview have presented. In order to know whether there is existence of the significant association between dependent variable and some selected independents variables, as well as to know the effects of some independent variables on dependent variable attempts have been made and come up with tangible results. In bivariate analyses, an assessment has been made to know the association between family planning service utilization and some selected demographic, socio- economic and psychological variables. On the other hand, the effects of such independent variables on dependent variable were also explained by using logistic regression model.

The results of chi-square test showed that, there is a significant association between utilization of family planning methods and age, age at first marriage, marital status, total living children, ideal number of children desire, educational level of the respondents and their husband/partner, occupation of respondents and their husbands/partners, income, approval of family planning services by respondents and their husbands, spousal communication and media exposure. On the other hand, sex preference for children, migration status, ethnicity, and religion were insignificant association with use of family planning services utilization.

4.2.1.1. Age and family planning services utilization

Table 10 showed that variation in family planning methods use by the age of respondents. Family planning methods utilization was highest among women age 25-34(47.12 percent), decline to 38.59 percent among women age 35 and above and little at early age that is 15-24 age group (26.42 percent). The current use of family planning methods among women would be positively associated with age as younger women would be less prone in using family planning methods on the ground that they would like to raise children at the early stage of their life. It could also be argued that older women tend to postpone raising children to have a more free life. However, as compared to middle age groups the number of family planning users was low. The Chi-square test result indicated the existence statistically significance between age and family planning service utilization(X^2 =18.676, P= 0.000)

4.2.1.2. Age at first marriage and family planning services utilization

Regarding age at first marriage, women who have had longer years of marriage life would be more utilized family planning methods compared to those with less number of years of marriage. Regarding this, as it mentioned in table 10, women who married for the first time in age between 15-18 years have higher (47.90 percent) utilizeres of family planning services followed by women who have been married for the first time after age 19 years and above (43.59 percent). Never married respondents were the least users of family planning methods (9.5 percent).

One of the focus group discussant explained that:

'My mother tells me that a young girl who uses family planning is an evil...she usually says contraceptive methods are meant for prostitutes and not for descent people...'

The Chi-square test result also showed that there is statistically significant association between age at first marriage and use of family planning services utilization(X^2 =88.480, P=0.000)

4.2.1.3. Marital status and family planning service utilization

Concerning marital status, ever-married women have higher need to use of family planning methods than never married women do. This is probably ever married women are more exposed to sexual intercourse than never married women are. Table 10 shows that the family planning methods use among ever-married women accounts 45.66 percent of total utilizations while those never married accounts only 9.73 percent of total family planning methods use. The Chi-square test result indicates the existence by statistically significant association between marital status and use of family planning service utilization (X^2 =83.792, P=0.000)

4.2.1.4. Total living children and family planning services utilization

Regarding total living children, it may be hypothesized that, the higher the number of children a woman might have, the greater would be utilize of family planning methods, on the ground that the desire for children might have been satisfied to a great extent compared to woman with lesser number of children. As it stated in table 10 women who had no child (11.19 percent) were less user of family planning methods. Women who have 1-2 children (43.7percent), 3-4 children (35.25

percent) and women with 5 and children (57.39 percent) were utilizing family planning methods. The Chi-square test result indicated the existence of statistically significant association between total living children and family planning services utilization(X^2 = 92.803, P=0.000)

4.2.1.5. Ideal number of children desire and family planning services utilization.

Regarding ideal number of children, 30.51 percent of women who had a desire to have 1-2 children utilize family planning methods and women who had 3-4 children were 39.13 percent. On the other hand, 50 percent women who need to have five and above children were utilized family planning methods. The Chi-square test result indicated the existence of association statistically significant between sex preference and family planning services utilization(X^2 =10.305, P=0.006)

4.2.1.6. Sex preference for children and family planning services utilization

On sex preference for children, it is postulated that women and husband who have sex preference for children are less utilize family planning service than women who do not have sex preference. This indicates that family planning services utilization and choice of family planning methods depend on the sex of a couple's living children. Some prefer sons, and the others daughters. Generally, most women and husband prefer to have children of both sexes.

The results of this study supported this idea as 37.06 percent of those women who had sex preference of male children utilized contraceptive methods while 41.38 percent of those women who had no sex preference utilized family planning methods. But the Chi-square test result indicated the existence of statistically insignificant association between sex preference and family planning services utilization(X^2 =2.814, P=0.245)

4.2.1.7. Migration status and family planning services utilization

Women whose current place of residence is different from their place of birth were considered as migrants, while women who have resided continuously in one place from birth are considered as non-migrants. Differences were also observed in family planning service utilization between non-migrants and migrant's women. Table 15 showed that 40.23 percent of non-migrants' utilize family planning services while only 36.61 percent of migrants utilize family planning methods. The Chi-square test result indicated the existence of statistically insignificant association between migration status and family planning service utilization(X^2 =1.010, P=0.31)

4.2.1.8. Ethnicity and family planning services utilization

With regard to ethnicity, family planning service users were highest among other ethnic groups like Tigrie, Gurage and others (46.15 percent) followed by Oromo ethnic group (38.58 percent). The Amharas were the least family planning service users (34.47 percent).But there is statistically insignificant association between ethnicity and family planning service utilization. (X^2 =800, P=0.670)

4.2.1.9. Religion of respondents and family planning services utilization

Concerning religion of respondents, some variation exists in family planning service utilization. Women who follow protestant religion (44.12 percent) were the most utilizeres of family planning methods. About 37.87 percent of orthodox Christian also utilized family planning methods, while others religious followers were less utilization of family planning services. The Chi-square test result indicated the existence of statistically significant association between religion and contraceptive utilization(X^2=3.919, P=0.270)

4.2.1.10. Education and family planning services utilization

Female education has been seen as a key determinant of family planning service utilization. Better-educated women are argued to be more willing to engage in innovative behavior than are less educated women. Better-educated women are also argued to have more knowledge of contraceptive methods or of how to acquire them than are less educated women because of their literacy, greater familiarity with modern institutions, and greater likelihood of rejecting a fatalistic attitude towards life. In short, there is high degree of probability of family planning service utilization among women with a greater number of school years and educated husband would appreciate the need for fewer children and would be able to educate women in fertility control, hence, influencing decision making. The finding of the study showed that the family planning service utilization was highest among women having secondary (35.33) and higher (54.70) level education than illiterate (21.74) and primary (29.14) education in study area.

Similar pattern also observed in the case of education of husband/partners. The family planning service utilization was high among women whose husband /partners had secondary (49.49 percent) and college/university education (53.05 percent) while low among those women whose husband had primary education (46.43 percent). The Chi-square test result indicated the existence of

statistically significant association between education of women and husband and family planning services utilization(X^2 =41.110 and 41.110, P=0.000 for women and husbands /partners respectively)

4.2.1.11. Occupation and family planning services utilization

On the other hand, occupation of women is expects to reduce dependency on men and contributed to empowerment of them. Raising their occupational level increases the power of decision-making. The outdoor employment would interfere with child rearing time. There fore, the probability of utilization would be higher among professional women (50.34percent) followed by women who engaged in daily labor (38.46 percent).family planning services utilization was low among women who have had no occupation (20.8 percent).Women engaged in other type of occupation accounted 41.18 percent of family planning services utilization.

Besides, the occupation of husbands/partners determines the level of family planning methods utilization by women. The presence of husband/partners occupation leads to the utilization of family planning methods. As stated in the table 10, family planning services utilization was higher among women whose husband/partners had been employed in professional (49.24percent) and self-employed or trader (43.85 percent). Those women who have husbands/partners engaged in other type of occupation contributed (60.24percent) of women who were using family planning methods. The Chi-square test result indicated the existence of statistically significant association between occupation of women and husband, and contraceptive utilization(X^2 = 32.772 and 79.977 and P=0.000 for women and husbands/partners respectively).

4.2.1.12. Income and family planning services utilization

The income status of women also showed that the family planning services utilization was higher among middle and higher income group than poor women. As it mentioned in table 10, women whose income was greater than 1000 birr were the family planning service utilization (58.68 percent) followed by women whose income was between 501-1000 birr per month (36.36 percent) while women who earn less than 500 birr per moth were the least utilizeres of family planning services (28.40 percent).family planning services utilization was also relatively high if the partner has monthly-earned income. This is probably at higher income level, family would aim for quality for children in terms of better education, and hence the desire to have fewer children. The Chi-

square test result indicated the existence of statistically significant association between income the respondent and family planning services utilization(X^2 =36.283, P=0.000)

4.2.1.13. Approval family planning methods and family planning services utilization

The result revealed that approval of family planning services utilization by women and husbands is also important in family planning services utilization. It believed that women and husbands/ partners approve of family planning increase family planning services utilization. As it is stated in table 10, 74.49 percent of women who approved family planning methods utilized family planning methods, and 30.46 percent of women who were disapproved utilized family planning methods. This showed that the existence of difference in the level of family planning services utilization among women who approved and disapproved family planning methods.

On the other hand, husbands/partners approval of family planning indicated that those who approved of their wives family planning methods utilization were 48.92 percent and those who disapproved of their wives family planning methods utilization were 39.11 percent. This indicates that the husbands/partners approve of family planning, the more probable that women could utilize family planning methods. The Chi-square test result indicated the existence of statistically significant association between approval of family planning methods and family planning services utilization(X^2 =57.028 and 51.183 and P=0.000 for women and husbands/partners respectively).

4.2.1.14. Spousal communication and family planning services utilization

Spousal communication was also an important factor to the practice of family planning methods. Husband-wife communication promotes the utilization of family planning services. Family planning methods utilization was higher (53.85 percent) among couples who discussed about family planning than those never discussed (42.78percent). The Chi-square test result has indicated the existence of statistically significant association between spousal communication and family planning services utilization(X^2 =78.326, P=0.000)

4.2.1.15. Media exposure and family planning services utilization

There is strong relation between media exposure and family planning services utilization. Access to source of information has been found to be positively related to family planning services utilization and women who have adequate knowledge of family planning source are substantially more likely to be using family planning than women who do not know a source .That means, the

women, who exposed to media, were more utilizeres of family planning methods than non exposed. As showed in table 10, 46.42 percent of women who were exposed to media utilized family planning methods while 26.96 percent of women who were non exposed to media utilized family planning methods. The chi-square result indicated there is statistically significant association between family planning services utilization and media exposure ($X^2 = 21.476$, and P=0.000).

Table 10: Chi-square test results showing association between some selected variables and family planning services utilization

	Family planning services utilization/non utilization							
Variables	**Utilizes**	**%**	**Non utilizes**	**%**	**Total**	**%**	**Pearson Chi-Square**	**P-value**
Age group								
15-24	42	26.42	117	73.58	159	100		
25-34	98	47.12	110	52.88	208	100		
35+	71	38.59	113	61.41	184	100	18.676	0.000**
Total	211	38.29	340	61.71	551	100		
Age at first marriage								
Single	11	9.57	104	90.43	115	100		
<15	58	47.54	64	52.46	122	100		
15-18	57	47.90	62	52.10	119	100	88.480	0.000**
19+	85	43.59	110	56.41	195	100		
Total	211	38.29	340	61.71	551	100		
Marital status								
Ever married	200	45.66	238	54.34	438	100		
Never married	11	9.73	102	90.27	113	100	83.792	0.000**
Total	211	38.29	340	61.71	551	100		
Total living children								
No children	15	11.19	119	88.81	134	100		
1-2 children	52	43.70	67	56.30	119	100		
3-4 children	43	35.25	79	64.75	122	100	92.803	0.000**
5+	101	57.39	75	42.61	176	100		
Total	211	41.29	340	66.54	511	100		

Table continued								
Ideal No of children								
1-2 children desire	54	30.51	123	69.49	177	100	10.305	0.006**
3-4 children desire	108	39.13	168	60.87	276	100		
5+ children desire	49	50.00	49	50.00	98	100		
Total	211	38.29	340	61.71	551	100		
Sex preference for children								
Yes I have prefer male	106	37.06	180	62.94	286	100	2.814	.245
Sex does not matter	96	41.38	136	58.62	232	100		
God knows	9	27.27	24	72.73	33	100		
Total	211	38.29	340	61.71	551	100		
Migration status								
Non migrant	103	40.23	153	59.77	256	100	1.010	0.31
Migrant	108	36.61	187	63.39	295	100		
Total	211	38.29	340	61.71	551	100		
Ethnicity								
Amhara	71	34.47	135	65.53	206	100	800	0.670
Oromo	98	38.58	156	61.42	254	100		
Others	42	46.15	49	53.85	91	100		
Total	211	38.29	340	61.71	551	100		
Religion								
Orthodox	153	37.87	251	62.13	404	100	3.919	0.270
Protestant	45	44.12	57	55.88	102	100		
Others	13	28.89	32	71.11	45	100		
Total	211	38.29	340	61.71	551	100		
Education of women								
No education	15	21.74	54	78.26	69	100	41.110	0.000**
Primary education	44	29.14	107	70.86	151	100		
Secondary education	53	35.33	97	64.67	150	100		
College/University	99	54.70	82	45.30	181	100		
Total	211	38.29	340	61.71	551	100		

Table continued								
Education of husbands /partner								
No husband/partner	12	8.39	131	91.61	143	100	77.957	0.000**
No education	11	33.33	22	66.67	33	100		
Primary education	52	46.43	60	53.57	112	100		
Secondary education	49	49.49	50	50.51	99	100		
College/University	87	53.05	77	46.95	164	100		
Total	211	38.29	340	61.71	551	100		
Occupation of respondents								
No occupation	26	20.80	99	79.20	125	100	32.772	0.000**
Daily laborer	55	38.46	88	61.54	143	100		
Professional	74	50.34	73	49.66	147	100		
Others	56	41.18	80	58.82	136	100		
Total	211	38.29	340	61.71	551	100		
Occupation of husbands/partners								
No husbands/partners	12	8.39	131	91.61	143	100	79.977	0.000**
No occupation	27	42.86	36	57.14	63	100		
Self employed/trader	57	43.85	73	56.15	130	100		
Professional	65	49.24	67	50.76	132	100		
Others	50	60.24	33	39.76	83	100		
Total	211	38.29	340	61.71	551	100		
Income of respondents								
No income	72	34.95	134	65.05	206	100	36.283	0.000**
Less than 500	48	28.40	121	71.60	169	100		
501-1000	20	36.36	35	63.64	55	100		
Greater than 1000	71	58.68	50	41.32	121	100		
Total	211	38.29	340	61.71	551	100		

Table continued								
Women approval of FP								
Approved	138	30.46	315	69.54	453	100	57.028	0.000**
Disapproved	73	74.49	25	25.51	98	100		
Total	211	38.29	340	61.71	551	100		
Husband/partners approval FP								
No husband/partner	29	20.28	114	79.72	143	100	51.183	0.000**
Approved	70	39.11	109	60.89	179	100		
Disapproved	68	48.92	71	51.08	139	100		
Total	211	38.29	340	61.71	551	100		
Spousal discussion								
No husbands/partners	12	8.39	131	91.61	143	100	78.326	0.000**
Discussed	119	53.85	102	46.15	221	100		
Never discussed	80	42.78	107	57.22	187	100		
Total	211	38.29	340	61.71	551	100		
Media exposure								
Exposed	149	46.42	172	53.58	321	100	21.476	0.000**
Not expose	62	26.96	168	73.04	230	100		
Total	211	38.29	340	61.71	551	100		

** ***P<0.01;*** * ***P<0.05***

4.2.2. Results of Binary Logistic Regression (Multivariate Analyses)

Number of factors may influence respondent's family planning services utilization. The result of logistic regression support the effects of some independent variables like , total living children, education of respondent, FP approval of women, spousal communication and media exposure in the study area. However, logistic regression models did not support the effect of independent variables like age and FP approval of husband/partners.the independent variables like age at first marriage, marital status, and income, occupation of women and occopaion of husbands were not entered to logestic model due to multi-collinarity effects.

4.2.2.1. Total living children and likelihood of family planning services utilization

Family planning service utilization and the total number of children women have also strongly related. If women have more children who are living with them, the probability of using family planning methods for limiting is very high and if the number of children that women desire are not enough in their perception they utilizing family planning methods for spacing. The logistic result indicated that women who had 1-2 living children were 4.613 times more likely to use family planning services than women who had no living children. In similar way, the probability of utilizing family planning services was high among women who had 3-4 and 5 and above children. The women who had 3-4 children were 3.638 times more likely to utilize family planning services than women who had no children while women who had five and more children were 7.382 times more likely to utilize family planning services than women who had zero children.

Similar study in Pakistan showed that women with five and more children using family planning methods would be about 86 percent as compared to women with three to four children, whose predicting probability would be 74 percent, and those with one to two children whose predicting probability would be 51 percent. The odds of using a family planning service increased with parity. Relative to women with only one child, women at all other parities displayed greater odds of using a family planning service (parity 2-3 OR 2.06, parity 4-5 OR 2.86, and parity 6+ OR 4.52). (Pasha, Fikree & Vermund 2001)

4.2.2.2. Educational level women and the likelihood of family planning services utilization

The educational status of women displayed significant effect on family planning sevices use. Relative to women with no education, litterate women had significantly greater odds of utilizing

family planning service (OR= 1.903). These shows educational level of women has effects on family planning services utilization.

The study conducted in Pakistan revealed that women with secondary education were1.63 more likely to use family planning services than women with no education and women with primary education were 1.35 more likely to use family planning services than women with no education.(Pasha, Fikree & Vermund 2001). This supports the study done in Mayan by Bertrand et al. (2000) who found that education affect the distribution of authority within households, whereby women may increase their authority with husbands, and affect fertility and use of family planning services. The result of the study also shows that women's schooling significantly affects the probability of using family planning services. If a woman has primary education, the likelihood of family planning service utilize increased by a factor of 0.043, holding all other variables constant at their mean. The family planning services use model also show that women's secondary education is positive, indicating that if a woman has secondary education the likelihood of family planning services utilize increased by a factor of 0.073.The results of women's schooling on family planning methods use are consistent with the a priori expectations. The study that conducted in Turkey also indicated that woman with completed primary schooling has a nearly 30 percentage point higher probability of being aware of one of the two main prevention methods than a woman with no education. In proportional terms, a primary-educated woman is twice as likely as one with no schooling to be aware of at least one of the means of prevention. The effect of an additional year of secondary schooling is about 0.034, and a woman with four years of secondary education is about 2.5 times as likely as an uneducated woman to know about prevention methods. (Koc, I. 2000).

4.2.2.3. Women approval of FP and likelihood of family planning services utilization

The analysis also confirms that women who approved of family planning services use were 6.023 more likely to use family planning services than women who disapprove family planning methods .The study conducted on family planning in Nigeria showed men often have positive attitudes toward family planning, but women believe that their husband disapproves of family planning The analysis also confirms that women who approve of family planning, and women who believe that their husband approves of family planning, are less likely to have a need for family planning services than women who disapprove, or women who believe that their husband

disapproves of family planning use. However, this relationship is significant only in relation to the unmet need for spacing (. Feyisetan & Bamiwuye 1998)

4.2.2.4. Spousal communication and likelihood of family planning services utilization

The impact of spousal communication and approval of family planning methods are particularly pronounced when there is spousal communication and when the respondents approve family planning methods. The finding of this study showed that women who never discussed about family planning issues with their husband/partners were 9.644 times less likely to utilize family planning services than those women who discussed family planning issues. The study that was conducted in Nigeria support this fact .In this study, 7 percent of women who have never discussed family planning with their husband utilize family planning methods compared to 27 percent of women who discussed family planning once or twice and 40 percent of women who discussed family planning more often Conversely, utilization of contraceptives is much higher among women who believed that they have their husband's support. (Feyisetan & Bamiwuye, 1998)

The study that was conducted in Tigray region by Gebrekidan Mesfin in 2002 showed that women who were currently married or in union and who had frequently discussion were more likely to utilize family planning methods than those who had no discussion concerning family planning with their spousal. In Kenya, it was reported that effects on contraceptive use. Husband -wife communication, particularly the wife's perception of her husband's approval of family planning is highly associated with current contraceptive use. (Lasee and Becker, 1997) In Ghana, it was also found that discussion about family planning between spouses was positively associated with family planning methods use. It also reported that the wife's attitude toward family planning and discussion of family planning between spouses have significant The report further noted that spousal communication was positively associated with family planning method use (Salway,1994)

4.2.2.5. Media exposure and likelihood of family planning services utilization

Media exposure exerts a considerable influence on family planning service use. Women who are exposed to any one of three media, namely, radio, television, or newspapers have higher family planning service use as compared with women who have had no media exposure at all. In this study women with no media exposure are about 56.7 percent less likely to use a method of family planning as women with media exposure.

Table 11: Parameter estimates for the logistic regression model for use of family planning methods for all women by individual level characteristics

Variables	B	S.E	Sig.	Exp(B) or Odd Ratio
Age				
15-24 **RC**			.054	1.000
25-34	.482	.310	.120	1.620
35+	-.111	.335	.740	.895
Total living children				
No children **RC**			.000**	1.000
1-2 children	1.529	.446	.001**	4.613
3-4 children	1.291	.475	.007**	3.638
5+ children	1.999	.440	.000**	7.382
Education of respondent				
Illetrate **RC**				1.000
Literate	.643	.234	.006**	1.903
FP approval by women				
Disapproved **RC**				1.000
Approved	1.796	.302	.000**	6.023
FP approval of husband/partners				
No partners RC			.369	1.000
Against	-.576	.392	.142	.562
I don't know	-.490	.406	.228	.613
Spousal communication				
No husband/partner **RC**			.000**	
Discussed	2.266	.380	.000**	9.644
Never discussed	1.412	.401	.000**	4.103
Exposure to media				
Exposed **RC**				1.000
Not exposed	-.838	.239	.000**	.433
Constant	-3.573	.461	60.192	1

** ***P<0.01;*** * ***P<0.05,*** ***RC****=Reference Category,* ***S.E****=Standard Error*

The majority (35.4 percent) of respondents were married in age 19 and above and followed by respondents who married in the ages between 15-18 years. There were also respondents who married at age less than 15 years. Moreover; some of respondents were never marriage.

Regarding age at first marriage, women who have had longer years of marriage life would be greater probability that they would prefer to utilization contraceptives compared to those with less number of years of marriage.

In the study, the total number of children the women had also assessed. In this case, most women had five and above children during the survey. A few of them had 1-2 children.

Contraceptive utilization is at its lowest when women start their reproductive career, increases as more of them utilization contraception for child spacing and increases even further as they achieve their reproductive goals and utilization contraception for limiting purposes The results of the effect of the number of living children on contraception utilization in the study area was as expected. The analysis has shown that contraceptive utilization was significantly low among women who had no living child and highest among women with five and above children. Most women had a desired to have 3-4 children with sex preference of children, more than half of them had sex preference. They preferred to have boys. There were also women who had no sex preference of children.Majority of respondents were non-migrants and some of respondents were migrants.

With regard to ethnicity, Oromo ethnic group was the largest in number and the Amharas were the second largest ethnic group that included in the study. The remaining ethnic groups' were Tigrie, Gurage and others.

Among all women included in the study, the majorities of them were orthodox by religion and followed by protestant and other religions including Islam and wakefeta. Concerning religion of respondents, some variation exists in family planning service utilization. Most of respondents attended religious institutions once in a week to pray. There were also respondents who were attending religious institutions occasionally. On the other hand, some of them never attend religious institutions

The majority of the respondents were literate and a few of them were illiterate .As far as education of husbands/partners is concerned, most of then had formal education. The finding of the study

shows that, the family planning utilization was highest among literate than illiterate and primary education in study area. Therefore, with higher levels of education, women appear to demand family planning services and to be autonomous enough to obtain and utilize it.

Regarding occupation of respondents, most of them engaged in daily labor and professionals. On occupation of husband, the majorities were professionals and followed by self-employed/traders. There were also husbands/partners who had no occupation during the study. The result of logestic regression did not support the effect of age on family planning service utilization

Again, on income of respondents most of them reported no monthly income. Some respondents also reported that their monthly income was less than 500 birr. More over women who expose to media were more likely to utilize family planning methods than women who were not exposed to media. Thus, family planning information that diffused by media probably helped women to utilization family planning services.

The respondents were asked where they heard family planning methods. About 91.5 percent of them stated that they heard of family planning methods. The most commonly reported modern family planning methods was injectable and followed pills. Breastfeeding was the most reported traditional family planning methods. Male sterilization and female sterilization were the least reported modern family planning methods.

Some of the important findings from the analyses show that, although knowledge of contraceptive methods was high among women in the area, reported level of current utilization of family planning methods was low. This suggests that knowledge about methods does not translate into practice in the study area.

The result of the study also showed the sources of information of family planning methods. 52.5 percent of respondents reported that clinic is the main source of family planning information. This was followed by television (33.9 percent) and radio (18.1 percent) respectively

About 82.2 percent of respondents approved the utilization of family planning methods and 32.5 percent belied that their husband/partners approved the utilization of family planning methods while the remaining women did not know the attitude of their husband/partner

On the other hand, those women who discussed with their partners about family planning services were more likely to utilize family planning methods than women who never discussed some methods of family planning methods

The result indicates that men are the primary decision-makers on issues relating to fertility and fertility control. If men are not open to using modern family planning methods, then the women are greatly limited in their own decision and approval of family planning methods utilization.

Among the study subject 33.6 percent were ever used family planning methods. The most commonly ever used contraceptive method was injectable (37.9 percent) and followed by pills (28.9 percent). They mainly obtained family planning methods was clinics.

The current user of family planning methods were 38.3 percent. The majority (61.7 percent) of respondents did not use family planning methods during the study. According to them, fertility related reason; opposition to use methods related reasons and knowledge were the main determinants for non-utilization of family planning services.

Concerning future intention, most of respondents intended to utilize family planning methods in the future and a few of them did not intend to utilize.

In general, the determinants that determining family planning service utilization is operating at various levels of social organization. This study have identified individual level determinants of family planning service utilization such as total number of surviving children, level of education of women and disapproval of family planning by them selves and their partner . Similarly the information from FGD and key informants have recognized that society and service determinants such as access to contraception and the quality of care can impose on individuals' decisions to utilize or not utilize family planning methods or the choice of family planning methods.

5.2. Recommendations

In light of the findings, the following recommendation are forwarded

1. Emphasis should be given on the dynamics of childbearing and parental aspirations for the children. Reference to the economic conditions and demands of modern society, and indeed, the hardships a father faces in the process of bringing up his children will likely appeal to men, and this should be part of the information and education that will be informed to women and husband

2. The respondents in the study area had knowledge about the source and types of family planning methods. However still there is wide gap between the knowledge and family planning services utilization. To reduce the gap an appropriate strategy is to stimulating and educating potential utilizeres on the benefits of family planning, the types of methods available, the relative effectiveness and side effects of the various methods.

3.women of reproductive age should be the focus of interventions aimed at improving awareness of the benefits of modern contraceptive methods with the ultimate goal of helping women (with the cooperation of their partners) make informed and responsible choice about their utilization.

4. Improving the educational and economic status of the women and educating men and planning programs that will enhance at the family level on fertility-related issues will likely improve the level of utilization of family planning services. There fore empowering women is necessary not only for family planning service utilization but also to save the life of women and children. By considering the need of women education, as it is important in decision-making on family planning issues, the concerning body should be encourage and even if it is possible help them by necessary materials.

5. Intensive male-targeted information, education, and communication about family planning methods should be provided.

6. Even though the knowledge of family planning service is very high in study area government and non-governmental organizations should use mass media very often to disseminate information on family planning

7. By bringing family planning services closer to utilizeres, it is possible to improve accessibility and availability of contraceptives. Opportunities of utilizing family planning service could be

maximized with increased effort on the part of Service providers at the institutional level. Service providers have to be encouraged and provided with the necessary training and motivation to effectively promote family planning.

8. An in-depth research on behavior related to male participation in family planning, on which to carry out intervention to promote family planning, should be carried out.

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Appendix 1

INSTITUTE OF POPULATION STUDIES (IPS)

COLLEGE OF DEVELOPMENT STUDIES (CDS)

ADDIS ABABA UNIVERSITY (AAU)

Research Questionnaires

Hello every body! Thank you for your willingness to devote your time and answer the question that I raised. I am conducting a research on determinants to family planning services utilization in Mojjo town. Thus, I would like to invite you to participate in responding all questions .you are kindly requested to address the following questions honestly.

The information to be obtained through this discussion will remain confidential and used for research purpose only. Your name will not be recorded and mentioned in the presentation of the finding.

I. Back ground (Socio Economic and Demographic) Characteristics.

Number	**Question**	**Answer**
101	Age in completed year	_____years
102	Age at first marriage	_____years
103	Migration status	1.Migrant 2.No migrant
104	Marital status	1.Married 3.Divorced 2.Single 4.Widowed 5.Separeted
105	Religion	1.Orthodox 4.Muslim 2. Protestant 3.Catholic 5.Other specify___

106	Have you attend religious program?	1.Yes 2.No
107	If your answer is yes for Q.105 how often are you attending this programme?	1.Daily 2.Atleast one in a week 3.occasionally
108	Have you ever attended school?	1.Yes 2.No
109	What is highest grade you completed?	1. Never attend 2.Grade_____ 3.Tech/Vocational Certificate 4.University or College Diploma 5. University or College Degree 6.Higher
110	What is the highest grade your husband/partners completed?	1. Never attend 2.Grade_____ 3.Tech/Vocational Certificate 4.University or College Diploma 5. University or College Degree 6.Higher
111	What is your ethnicity?	1.Amhara 2.Oromo 3.Tigre 4.Gurage 5.Other specify_____
112	Are currently working?	1.Yes

		2.No
113	What type of job do you work?	1.Trader 2.House wife 3.Proffesional 4. Others specify_____
114	What is the job of your husband/partner	1.no occupation 2.self employed 3.Proffesional 4. Others specify
115	Do you have monthly income	1.Yes 2.No
116	How much are you paid for your work?	_____birr

Part II. Fertility

The following questions are about the total number of children rate a mother born.

No	**Question**	**Response**
201	Have you give any live birth in your live birth?	1.Yes 2.No
202	If your answer is yes for Q.201, how many children have you ever born alive?	Boys_____ Females_____ Total_____
203	How many of these children are living with you?	Boys_____ Females_____ Total_____
204	How many of your children died?	Boys_____ Females_____

		Total_____
205	Have you given birth to any during the last 12 months?	1.Yes 2.No
206	If your answer is yes for Q.205 what is sex of the child?	1.Male 2.Female
207	It the child living?	1.Yes 2.No
208	If your answer is no for Q.207 for how long did the child live?	_____months
209	Total number of living children?	Boys_____ Females_____ Total_____

Part III. Knowledge and Practice about Modern Contraceptive Methods

No	**Question**	**Response**
301	Do you have media exposure?	1.Yes 2.No
302	Have you ever heard family planning methods?	1.Yes 2.No
303	If your answer is yes for Q.302. Do you know any family planning methods that women and men can use to delay or avoid pregnancy?	1.Yes 2.No
304	Which of the following family planning methods do know about?	1.Femal serialization 2.Male serialization 3.Pills

		4.IUD 5.Injection 6.Condom 7.Implements/nor plants 8.Others specify_____
305	Have you ever got information about modern family planning methods?	1.Yes 2.No
306	If your answer is yes for Q.305 what is your source of information about modern family planning methods?	1.Clinic/Hospital 2.Pharmacies 3. television 4.radio 5.printing materials 6.Puplic meeting 7.Husband 8.Lady friends 9.FP office 10.Other, specify_____
307	Are you/your partner ever used any of these methods	1.Yes 2.No
308	If your answer is yes for Q.307 which method did you/your partner used?(May have multiple answers)	1.Femal serialization 1.Yes 2.No 2.Male serialization 1.Yes 2.No 3.Pills 1.Yes 2.No 4.IUD 1.Yes 2.No 5. Injection. 1. Yes 2.No 6.Condom 1.Yes 2.No 7.Implements/nor plants 1.Yes 2.No 8.Others specify_____

	Are you/your partner currently using any methods	1.Yes 2.No
	If your answer is yes which method does you/your partner using?	1.Femal serialization 2.Male serialization 3.Pills 4.IUD 5. Injection. 6.Condom 7.Implements/nor plants 1 8.Others specify_____
309	What is the purpose if you/your partner are using the family planning methods?	1.Birth spacing 2.Limiting birth 3.Other, specify_____
310	If you were not using any family planning method to delay or avoid pregnancy would you tell me the main reason?	**Fertility-related reasons** 1.No having sex 2.Infrequent sex 3.Sub fecund /in fecund 4.Breast feeding 5.0thers **Opposition to use** 1.Respondent opposed 2.Husband opposed 3.Others opposed 4.Religious opposition 5.others **Methods related reason**

		1.Health concerns 2.Fear side effects 3.Lack of access/too far 4.Costs too much 5.Health care provider bias 6.others **Lack of knowledge** 1.Knows no method 2.Knows no source 3.others
311	Do you have an intention to use family planning methods in the future	1.yes 2.no

Part V. fertility preference

No	**Question**	**Response**
401	After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?(if pregnant)	1.Have a/another child 2.No more/none 3.Undicided 4.As God allows/gives
402	Would you like to have a/an other child or would you prefer not to have any more children (if not pregnant)?	1.Have a/another child 2.No more/none 3.Undicided 4.As God allows/gives
403	After the birth of the child you are expecting now, how long would like to wait before the birth of another child? (If pregnant)?	1._____year 2._____months 3.Donot know 4.Other,specify_____
404	How long would you like to wait from now before the birth	1._____year

	of a/another child (if not pregnant)?	2._____months 3.Donot know 4.Other,specify_____
405	If you could go back to the time you did not have any child and could choose exactly the number of children to have in your whole life, how many would that be? (If ever given birth)?	1._____Children 2.As God allows 3.Other,specify_____
406	If you could choose exactly the number of children to have in your whole life, how many would that be? (If no living children)?	1._____Children 2.As God allows 3.Other,specify_____
407	Do you have any sex preference?	1.Yes 2.No
408	If yes which sex do you prefer?	1.Male 2.Female
409	If you answer is male what is the reason?	_____

Part VI. Couples communication

No	**Question**	**Answers**
501	Have you ever discussed with your husbands about the number of children you would like to have?	1.Yes 2.No
502	Have you and your husband ever talked about sexual matter?	1.Yes 2.No
503	Have you ever discussed with your husband about the use of family planning services?	1.Yes 2.No

504	Do you approve FP services utilization?	1.Yes 2.No
505	Does your husband or partner approve the use of family planning services?	1.Yes 2.No
506	Who decided on the methods of Family Planning to be used?	1.Husband 2.Wife 3.Both 4.Neither 5.No response
507	In general if a couple wishes to avoid too many children, should it be the husband or the wife who does some thing to avoid having them?	1.Husband 2.Wife 3.Both 4.Neither 5.No response
508	In the last 2 months, have you heard about family? Planning?	1.Yes 2.No
509	If your answer is yes for Q.508 what is your source of information about modern family planning methods(FP)	1.Clinic/hospital 2.Pharmacies 3. Media 4.Puplic meeting 5.Husband 6.Lady friends 7.FP office 8.Other specify_____

Appendix 2

INSTITUTE OF POPULATION STUDIES (IPS)

COLLEGE OF DEVELOPMENT STUDIES (CDS)

ADDIS ABABA UNIVERSITY (AAU)

Research questionnaires for key informants

Hello every body! Thank you for your willingness to devote your time and answer the question that I raised. I am conducting a research on determinants to family planning services utilization in Mojjo town. Thus, I would like to invite you to participate in responding all questions .You are kindly requested to address the following questions honestly.

The information to be obtained through this discussion will remain confidential and used for research purpose only. Your name will not be recorded and mentioned in the presentation of the finding.

PART I. Background Information

Please circle ONE item that most closely describes your personal information

1. Sex 1) Female 2) Male

2. Age ----------

3. Ethnicity 1.Amhara 3.Tigre

   2. Oromo 4. Gurage 5.Other, specify_____

4. Your religious preference 1.Orthox. 3. Catholic

   2. Protestant 4. Islam

   5. Other (please specify) _____

5. Importance of religion in your daily life

   1. Very important 3. Neutral 5. Very unimportant

2. Slightly important 4.slightly unimportant

6. Years of work experience

1. Under 5 years 2.5-10 years 3.above 10years

7. What is your primary work function?

1. Direct practice 4.Administration

2. Community organizer 3. Supervision 5. Other (please specify) _____

8. Your primary works setting. 1. Urban 2. Rural

9. Training you have received in family planning

1. None

2. 1-2 trainings

3. 3 or more trainings or classes

PART II. Information Related to Family Planning

1. Do you currently work with any clients between 15 and 49 years of age?

1. Yes 2.No

2. If your answer is yes for Q.1 do you have knowledge about current family planning options?

1. Yes 2.No

3. Is family planning service available to your clients?

1. Yes 2.No

4. A health worker's religious values supersede her or his expected professional role.

1. Yes 2.No

5. Is your professional ethics conflict with your religious values?

1. Yes 2.No

6. Do you have interest in providing contraception information and services to

your clients?

1. Yes 2.No

7. Do you have enough time to discuss family planning with your clients?

1. Yes 2.No

8. Do you frequently discuss family planning with your clients to reduce unintended pregnancy? 1. Yes 2.No

9. In the course of your work do you have been discouraged from discussing family planning with clients due to the moral objection of your employer(s)

1. Yes 2.No

11. Is there an incentive in your work to discuss family planning with clients?

1. Yes 2.No

12. Do you feel comfort when discussing family planning with your clients?

1. Yes 2.No

13. Have you experience cultural or language determinants in discussing family planning with your clients. 1. Yes 2.No

14. Is there adequate material to discuss comfortably family planning with clients?

1. Yes 2.No

15. Please, provide any other reactions you may have about the provision of contraceptive information and services by health workers (Please use other additional paper if necessary)

Thank you in advance.

Appendix 3

INSTITUTE OF POPULATION STUDIES (IPS)

COLLEGE OF DEVELOPMENT STUDIES (CDS)

ADDIS ABABA UNIVERSITY (AAU)

Research questionnaires for FGD

Hello every body! Thank you for your willingness to devote your time and answer the question that I raised. I am conducting a research on determinants to family planning servicesutilization in Mojjo town. Thus, I would like to invite you to participate in responding all questions .You are kindly requested to address the following questions honestly.

The information to be obtained through this discussion will remain confidential and used for research purpose only.

1. Have you ever heard family planning methods?

2. Do you know any methods that women and men can use to delay or avoid pregnancy?

3. Which family planning methods do know about?

4. What is your source of information about family planning methods?

5. Are you/your partner ever used any of these methods?

6. Which method did you/your partner used?

7. Are you/your partner currently using any methods?

8. If your answer is yes which method does you/your partner using?

9. What is the purpose if you/your partner are using the family planning methods?

10. If you were not using any family planning methods to delay or avoid pregnancy would you tell me the main reason?

Thank you in advance

Declaration

The thesis is my original work, has not been presented for a degree in any other university and that all sources of material used for the thesis have been duly acknowledged.

Abebe Gizaw — Student

Signature

26/09/2001 — Date

I confirm that this thesis has been submitted with my approval as the supervisor of the same.

Nigatu Regassa, PhD — Advisor

Signature

28/9/2001 E.C — Date