ADDIS ABABA UNIVERSITYCOLLEGE OF HEALTH SCIENCES

SCHOOL OF ALLIED HEALTH SCIENCES

DEPARTMENT OF NURSING& MIDWIFERY

Assessment of Long Acting Family Planning Utilization and Associated Factors among Married Reproductive age women in Silti District, Silte Zone, SNNPR, Ethiopia, 2017.

Investigator: - Biruk Assefa (BSc)

Thesis submitted to school of graduate studies of Addis Ababa University in partial fulfillment of the requirement for the degree of masters of Science in maternity and reproductive health nursing in department of nursing and midwifery.

June 2017 GC.

Addis Ababa, Ethiopia.

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Contents

Acronyms

AOR-Adjusted Odds Ratio

CI- Confidence Interval

CPR-Contraceptive Prevalence Rate

EDHS- Ethiopian Demographic and Health Survey

FGD- Focus Group Discussion

FP-Family Planning

HH-House Holds

HEW-Health Extension Workers

IUCD-Intra Uterine Contraceptive Device

KAP-Knowledge, Attitude and Practice

LAFPMs-Long Acting Family Planning Methods

LAPM- Long Acting and Permanent Contraceptive Methods

OCP-Oral Contraceptive Pills

PMA-Performance, Monitoring and Accountability

SNNPR- South Nation Nationality Peoples Region

SSA-Sub Saharan Africa

WHO-World Health Organization

List of tables

List of figures

Abstract

Background: Family planning is central to gender equality and women's empowerment and it is a key factor in reducing poverty.Long acting family planning methods provide uninterrupted protection to women for 3 to12 years and by far the most effective and very safe. It is divided into intra uterine contraceptive devices and implants; when it was removed, return to fertility is prompt.

Objective: The objective of this study was to assess utilization of long acting family planning methods and associated factors among married reproductive age women in Silti District, Silte Zone, SNNPR, Ethiopia, 2017.

Methods: A community based cross-sectional studysupplemented by qualitative focus group discussion was conducted by multi stage sampling technique with sample size of 528. Study subjects selected by systematic random sampling for quantitative data and purposive sampling procedure for qualitative data.The data was enteredusing EPI INFO version 3.1and analysis was done by using SPSS version 22. Coding, entry and statistical analysis were done. Strength of association was measured using odds ratio and 95% CI. Statistical significance was declared at p value <0.05. Table and charts was used to present result.

Results: A bivariate analysis showed thatwomen who had a positive attituderegarding long acting family planning 2 times more likely to use long acting family planning methods as compared with those who had negative attitude (AOR=1.76, 95%CI (1.01, 3.04) and women who had shifted/switched contraceptives were 7 times more likely to use long acting family planning methods as compared with those who had no shifted/switched (AOR=7.11, 95% CI(4.12,12.25). The predominant ideas on focus group discussion werereligion and husband decision making, reason for not utilizing long acting family planning methods.

Conclusion and Recommendations: Women educational status, knowledge level, attitude level and shifting or switching from one contraceptive to other were identified as significant determinants of utilization of long acting family planning methods in the study area.Advocacy at level of religious leader which help decision making.

- **Keywords:** Long acting family planning methods, Utilization, Silti Woreda

1. Introduction

Family planning is can be defined as the way of controlling birth and allows people to attain their desired number of children and determine the spacing of pregnancies. Access to family planning through preferred and effective methods contributes to health of mothers supports the health and development of community(1, 2).

In addition access to safe, voluntary family planning is a human right. Family planning is central to gender equality and women's empowerment and it is a key factor in reducing poverty. Yet some 225 million women who want to avoid pregnancy are not using safe and effective family planning methods, for reasons ranging from lack of access to information or services to lack of support from their partners or communities(3).

Long acting family planning methods provide uninterrupted protection to women for 3 to12 years and by far the most effective (99% or greater) and very safe(4). It is divided into intra uterine contraceptive devices (IUCDs) and implants; when it was removed, return to fertility is prompt(5). Current scientific findings and new understanding about long-acting family planning methods of contraception underscore their safety and effectiveness(6).

Wider access to and use of family planning, especially of long-acting family planning methods of contraception, which are the most effective contraceptives available, can substantially reduce the high levels of maternal mortality and morbidity in developing countries, as wellas unwanted pregnancies and abortion(7).

In 2015, 64 percent of married or in-union women of reproductive age worldwide were using some form of contraception. However, contraceptive use was much lower in the least developed countries (40 per cent) and was particularly low in Africa (33 percent). Among the other major geographic areas, contraceptive use was much higher, ranging from 59 percent in Oceania to 75 percent in Northern America. Within these major areas there are large differences by region and across countries(8).

Globally in 2015, 57 per cent of married or in-union women of reproductive age used a modern method of family planning, constituting 90 percent of contraceptive users. When users of traditional methods are counted as having an unmet need for family planning, 18 percent of married or in-union women worldwide are estimated to have had an unmet need for modern methods in 2015(8).

Contraceptive prevalence is projected to increase from 17 to 27 percent in Western Africa, from 23 to 34 percent in Middle Africa, from 40 to 55 per cent in Eastern Africa, and from 39 to 45 percent in Melanesia, Micronesia and Polynesia. Yet unmet need for family planning is still projected to remain high in 2030, above 20 per cent in all these regions, except in Eastern Africa, where it is projected to decrease from 24 per cent to 18 per cent between 2015 and 2030(8).

Female sterilization and the IUD are the two most common methods used by married or in-union women worldwide: in 2015, 19 percent of married or in-union women relied on female sterilization and 14 per cent used the IUD. Short-term methods are less common, 9 percent of women used the pill in 2015, 8 percent relied on male condoms and 5 percent used injectables. Only 6 percent of married or in-union women worldwide used rhythm or withdrawal. There are large regional differences in the use of some types of contraception. Overall, short-term and reversible methods, such as the pill, injectable and male condom, are more common than other methods in Africa and Europe whereas long-acting or permanent methods, such as sterilization, implants and the IUD, are more common in Asia and Northern America(8)

Ethiopia is one of the developing countries where population issue has become a major area of concern during the last few decades. The country began family planning services through Family Guidance Association of Ethiopia, established in 1966. However, the fertility regulation efforts made so far in Ethiopia through Family Guidance Association and other organizations are minimal(9). Ethiopian Demographic and Health Survey of 2016 revealed that practice of short term contraception has remained consistently high in Ethiopia over the past sixteen years with 23% of currently married women utilize injectables. However, actual long acting family planning methods utilization especially of IUCD among married women of reproductive age group remained very low which is only 2%(10).

In Ethiopia Fertility declined from 4.8 to, 4.6 children per woman between 2011 - 2016 which had decrease by about one child and the decrement also very slow and time taking, contraceptive prevalence rate (CPR) is increased to 36 Percent(10). Knowing and understanding the magnitude of need for modern family planning services, the Federal Ministry of Health (FMOH) has considered the important role of long-acting contraceptive methods and aim to provide all family planning clients with the long-acting and permanent methods(11)

1.2. Statement of the problem

Population density is one of the major social indicators not only in Ethiopia but also throughout the world and population growth is also a major concern in developing countries in view of its impact on broader socio-economic development. In Sub-Saharan Africa, including Ethiopia continued high fertility levels, along with declining mortality rates, have resulted in a wide gap between birth and death rates, and subsequently in high annual population growth rate. Factors contributing to high fertility include low socio-economic development, deeply ingrained cultural values for large family size, and low levels of contraception(12).

However, according to different scholar indicates that the utilization of long acting family planning method is low and prevalence of long acting family planning methods use is 13% in the world and 2%, for sub-Saharan Africa(13).

An estimated of 358 000 maternal deaths occurred worldwide in 2008, a 34% decline from the levels of 1990,despite this decrement, developing countries continued to account for 99% (355 000) of the deaths. Sub Saharan Africa (SSA) and South Asia accounted for 87% (313,000) of global maternal deaths and more than 350 million couples worldwide have limited or no access to effective and affordable especially to LAFPMs(14).

Women and couples who want safe and effective protection against pregnancy would benefit from access to more contraceptive choices, including long-acting (LAFPMs) these are: IUDs, implants. LAFPMs are convenient for users and effectively prevent pregnancy. Despite these advantages, LAFPMs remain a relatively small, and sometimes missing, component of many national reproductive health and family planning programs and the fact that FP services are made accessible nearly at all areas in Ethiopia and in most instances with no cost, the decision that lead women to use the services seems to occur within the context of their marriage, household and family setting(9).350 million couples and above in the world have limited or no access to effective and affordable FP, especially to LAPMs (9). Thirteen percent of the world's married women use the (IUCD) as their method of contraception(15, 16).

In Africa fifty five percent of reproductive age women have an unmet need for modern contraception, in Asia, and Latin America and the Caribbean regions have relatively high

contraceptive prevalence, with unmet need of 21% and 22%, respectively. Furthermore 13% of the world's married women use the intrauterine contraceptive device as their method of contraception, implants still remains at low rate, despite the fact that, complications during pregnancy and childbirth are the leading cause of death for women in Africa and voluntary family planning empowers women and men to decide when to have a child and to avoid unintended pregnancies and abortions which results in healthierfamilies, communities, and nations, complications of unintended pregnancy rests on Africanregion(17, 18).

In spite of this the vast majority of maternal and newborn deaths can be prevented with proven interventions to ensure that every pregnancy is wanted using modern contraceptive and every birth is safe(19).

Ethiopia is one of the most populated countries in Africa making the second nation in Africa. Its population has also increased nearly seven times from 11.8 million at the beginning of the 20th century to about 90 million and above nowadays(9). The total fertility rate of Ethiopia is 4.6 children per women and contraception use among married women ages 15 to 49 was 36 percent; 35 percent are using a modern method, and 1 percent are using a traditional method. In addition, among currently married women, the most popular methods are injectables (23 percent), implants (8 percent), IUCD, and the pill (2 percent each) (10).

For Ethiopia, long acting family planning use coverage is 10% and the prevalence of implant in SNNPR was lower than the rate in different parts of Ethiopia. The prevalence of LAPMs use in SNNPR is rather very as low as IUCD 1.3% and female sterilization 0.9 % and the overall the percentage of women who are currently using any method of contraceptive for southern region is 40% (10).

Studies conducted in Ethiopia indicated that awareness of LAFPMs is low, a community based studies from Jinka and Butajira indicates that 18% and 25% participants were aware of LAFPMs and permanent methods (20, 21). Another community based study from Arbaminch town indicates that 23.5% of the participants did not know about implanon prevents pregnancy (22). The Federal Ministry Of Health(FMOH) made effort to expand method mix special attention given to expansion of services for LAPM aim provide of 20% of family planning with LAFPMs(23).

There are different factors that associated with the utilization of long acting family planning. Evidences in other countries and within Ethiopia showed that factors associated with LAFPMsuse were age, knowledge, number of pregnancy, desire for more children, education, number of children, duration of family planning, discussion with husband, ever use of LAFPMs, side effect and source of contraception(20-22). So, this study was aimed to assess utilization of long acting family planning methods and its associated factors. Myths and misconceptions are also widespread for these methods (15).

1.3. Significance of the Study

From the perspectives of unmet need for family planning; long acting contraceptives are more use full for spacing and limiting than short acting. However, currently utilization of LAFP 10% in Ethiopia which is low (24). This study will help to assess the utilization of LAFP and its associated factors among married reproductive age women in Silti district.

Little is known this topic in the study area; therefore, it is essential to assess the utilization of LAFP methods and associated factors among married reproductive age women in Silti district.

The study findings also help in developing new approaches for increasing utilization of LAFP methods among married women in reproductive age. The research will help to generate ideas for reducing women's negative perceptions and attitudes towards use of long acting family planning methods.

This study will be conducted because there is knowledge gap in terms of what factors are affecting utilization of LAFP methods among women in reproductive age family planning users. Addressing this gap in turn helps in the improvement of awareness on the family planning clients. The recommendations made by this study may play a role towards improving effective use of contraceptives and family planning services.

The results of this study will help to improve the utilization of long acting family planning of the area and also serve as baseline data for program managers, decision makers and advocators so as to design and focus on interventions.

2. Literature review

2.1 Utilization of Modern Contraceptives and Long acting Family Planning Methods (LAFPMs)

Globally in 2015, 57 per cent of married or in-union women of reproductive age used a modern method of family planning, constituting 90 per cent of contraceptive users. (25).

Intrauterine contraceptive device is one of the most widely used long acting reversible contraceptive method which accounts for (26%) of all contraceptive method(26). More than half of the 150 million women in the world using an Intrauterine Contraceptive Device are in China. A more accurate picture emerges when focusing on regional data: the percentage of women using who are married or in union is 7% in Latin America, 6% in Asia (excluding China) and just 1% in Africa(27). The most commonly used contraceptive method was long acting reversible contraceptive and it accounts 41% were Norplant and followed by 35% were intra uterine contraceptive device users in Karachi, Pakistan(28).

A community based cross-sectional study in SNNPR in Areka town study on utilization of reversible long acting family planning methods among married women 15-49 years showed that the utilization of LAFPMs was 29.7%(29). In Jinka town, a cross sectional study done on prevalence and factors affecting use of long acting and permanent contraceptive showed that 31.6% of the women preferred to user modern contraceptive other than long acting and permanent contraceptive methods. In married women used long acting methods such as implant 50% and intra uterine contraceptive device 12.5%(20).

According to the study conducted in Mekelle City on acceptance of long acting contraceptive methods and associated factors among women shows that 21.4% want to delay their next baby prefer to use long acting contraceptive methods and 35.6% want to use to limit number of children and the only reported determinant were mothers who had a supportive attitude regarding LAFPMs were 2 times more likely to accept LAFPMs as compared with those had non-supportive attitude(AOR=2. 094, 95% CI (1.109, 3.954)(30).

A community based cross sectional study complemented by qualitative method was conducted in Adigrat town, Tigray Region, revealed that the most preferred method was Depo Provera

68.3%followed by pills 11.6%. The prevalence of long acting contraceptive methods (LACMs) use among the women taking modern contraceptives was 19.5%, which Implants constituted for the highest 10.2%(31).

A cross-sectional facility based study in Addis Ababa on utilization of long acting reversible contraceptive methods and its associated factors among reproductive age women showed that from the current modern family planning users only 34.8% of the study participants utilized long acting reversible contraceptive methods(32).

A study conducted in Batu facility based study documented that 3% family planning clients were received implant during the clinic visit(33). In Northwest Ethiopia facility based study indicated that 1.5% family planning clients were use LAFPMs(34). Performance, monitoring and accountability (PMA 1020) indicated that 17.8% family planning user married women were use LARCMs(35). In Eastern Hararge study showed that among married family planning user documented that 24.3% were use LAFPMs(36).

2.2. Factors associated with utilization of long acting family planning methods

One of the major factors associated with demand for LAPMs is quality of family planning service. Improved quality of care is an increasingly important goal of international family planning programs, for a variety of compelling reasons. From a human welfare perspective, all clients, no matter how poor, deserve courteous treatment, correct information, safe medical conditions and reliable products. It also has been argued that providing such quality services will lead to increased service utilization by more committed users, eventually resulting in higher contraceptive prevalence and lower fertility(24).

Qualitative research involving Latino and non-Hispanic black teenagers aged 14-19 noted “an enormous amount of erroneous information circulating among these participants, their peers, and others in their environment” regarding contraception. Misperceptions regarding hormonal contraceptives included an elevated risk of cancer and permanent sterility, among more minor side effects such as irregular bleeding, weight gain, nausea, low libido and hair loss(37).

In Latin America study indicated that 51% and 47% of women reported that they had heard of the IUCD and implant, respectively. More women stated that they would use the copper IUCD 24% than implant 9%(38). In Pakistan study conducted on factors affecting hormonal and non-hormonal contraceptive method use in women presenting to reproductive health services showed that uneducated women in center region have the highest prevalence of unmet need 55.5% and educated has the least 31.4%(28).

According to the study done on a health facility based, cross sectional study on knowledge and attitude of LAFPMs among women in reproductive age conducted in Uganda revealed that Mean age (Standard deviation) and current use of LAFPMs was 26.34 (5.35) and 31.7% respectively and participants awareness of effective duration of effectiveness of IUCD, implant and injectable contraceptives was 68.5%, 69.9% and 87.4% respectively. Knowledge of prevention of IUCD and implant was 75.9% and 80.2% respectively. Despite of this, their myth on LAFPMs as it can cause permanent infertility is 32.9%(39).

A Study conducted on family planning service quality as determinant of use of IUCD in Egypt showed that nearly 40% of married women do not believe in practicing contraception and more than half believe that family size should be left up to God (40).

In Malawi, a study done on women empowerment and the current use of long acting and permanent contraceptive revealed that there is a higher proportion of LAFPMs use among women who had heard about family planning program, which is 21.1% than those who did not 17.9%(41).

In Burkina Faso, a study indicated that the percentage women in reproductive age who use modern contraceptive was significantly higher among women in reproductive age who have discussed family planning with health professionals (27.4%) than those who have not (9.1%). The proportion of married women who are currently using long acting contraception was more for those whose have supportive attitude on the use of family planning (21.8%) as compared to (4.2%) of married women whose have non supportive attitude (42).

Different factors affect choice of LAFPMs by family planning clients. Marie Stops International Ethiopia has conducted assessment of Knowledge, Attitude, Practice (KAP) in five regions of

Ethiopia among women of reproductive age showed that 52% of them were aware at least one type of long term method. The study documented that age of women, ethnicity, education, number of live birth, ever given birth, spousal/partner support, and spousal/partner communication were found predictor factors of modern FP use (43).

In Areka town, southern Ethiopia study indicated that government employed mothers were (AOR=2.59 at 95%CI (1.39-4.79)) times probable to use long acting reversible contraceptives compared to merchants (29).

A study conducted on long acting contraceptive method utilization and associated factors among reproductive age women in Arbaminch town, Ethiopia showed that long acting contraceptive method utilization was 13.1% and mothers who had supportive attitudes towards long acting contraception were 3 times (AOR=3, 95%: [1.43-3.57]) more likely to utilize than those who had non supportive attitudes. Similarly, the likelihood of utilizing long acting contraceptive methods increased for mothers whose knowledge score about contraception was higher (AOR=2.3, 95%CI:[1.27-2.67]) (22).

In Addis Ababa study on assessment of utilization of long acting reversible contraceptives and its associated factors indicated that women who had a supportive attitude regarding long acting reversible contraceptive method were 2.7 times (AOR=2.7,95%:[1.5,4.8]) more likely to use long acting reversible contraceptive methods as compared with those who had non supportive attitude and study participants who had shifted or switched contraceptives were 12 times (AOR=12.4,95%:[6.6,23.6]) more likely to use long acting reversible contraceptive method as compared with their counter parts(32).

Community based studies conducted in Hexosa, Arsi zone and Debremarkose town in Ethiopia among women of reproductive age reported that knowledge and age of women were found to be important predictors of LAFPMs use(44, 45).

A study on family planning service utilization in Mojo town showed that religious prohibition, fear of side effects, numbers of children are pointed out as factors for nonuser of family planning (FP) (46). Another case control study conducted in Hossana town among married women

indicated that level of knowledge, discussion between partner about modern method, source of contraceptive, number of children alive and plan to give birth in future were found to be determinants of LAFPMs use(47).

In Indonesia, women aged, 30-39, having 3-4 children, with educated women were more likely to use long-term contraceptive (48). Similar to this, in Eastern Nigeria revealed that, high use of Norplant was seen among high parity women, age 30-34 years but when compared to IUCD users.Norplant users were significantly less educated in which less than one percent of Norplant users had tertiary education compared to 25% of IUCD users (49).

Utilization of long acting and permanent contraceptive methods and its associated factors among married women in Adama town, Oromia region revealed that eighty seven percent of the respondents knew long acting and permanent contraceptive and 55% had positive attitude about it.Magnitude of long acting and permanent method was 20.9% and the main reason for not using was fear of side effect 63.5%.Current use of long acting and permanent method was higher among women who have high knowledge (AOR=5.26,95% CI=1.90-14.69) and positive attitude about the method (AOR=3.25,95%CI=1.60-6.58) (50).

According to the study conducted in Jinka and Butajira town of Ethiopia indicated that husband disapproval, considering children as assets, fear of sterility, lack of knowledge, and religion disapproval and fear of several side effects such as heavy period, slipping out during heavy work in the case of intra uterine contraceptive device were some of factors associated with long acting contraceptive use(20, 21).

In Goba, South East Ethiopia study on demand for long acting and permanent methods ofcontraceptives and factors for non-use among married women stated that most ever heard LAFPMs was Norplant 87.3%. 60.8% of the respondents have discussed with health professional about LAFPMs. The major source of information was media 87.3% and their main reason for not using were side effect 34.3%(51).

The variables under conceptual frame work were selected from, utilization of LAPMs and associated factors from Adama town, study from Jinka and Butajira on prevalence and factors affecting utilization of LAPMs. And also from utilization of long acting reversible contraceptive methods and its associated factors among reproductive age women in Addis Ababa city and from similar studies and different literatures.

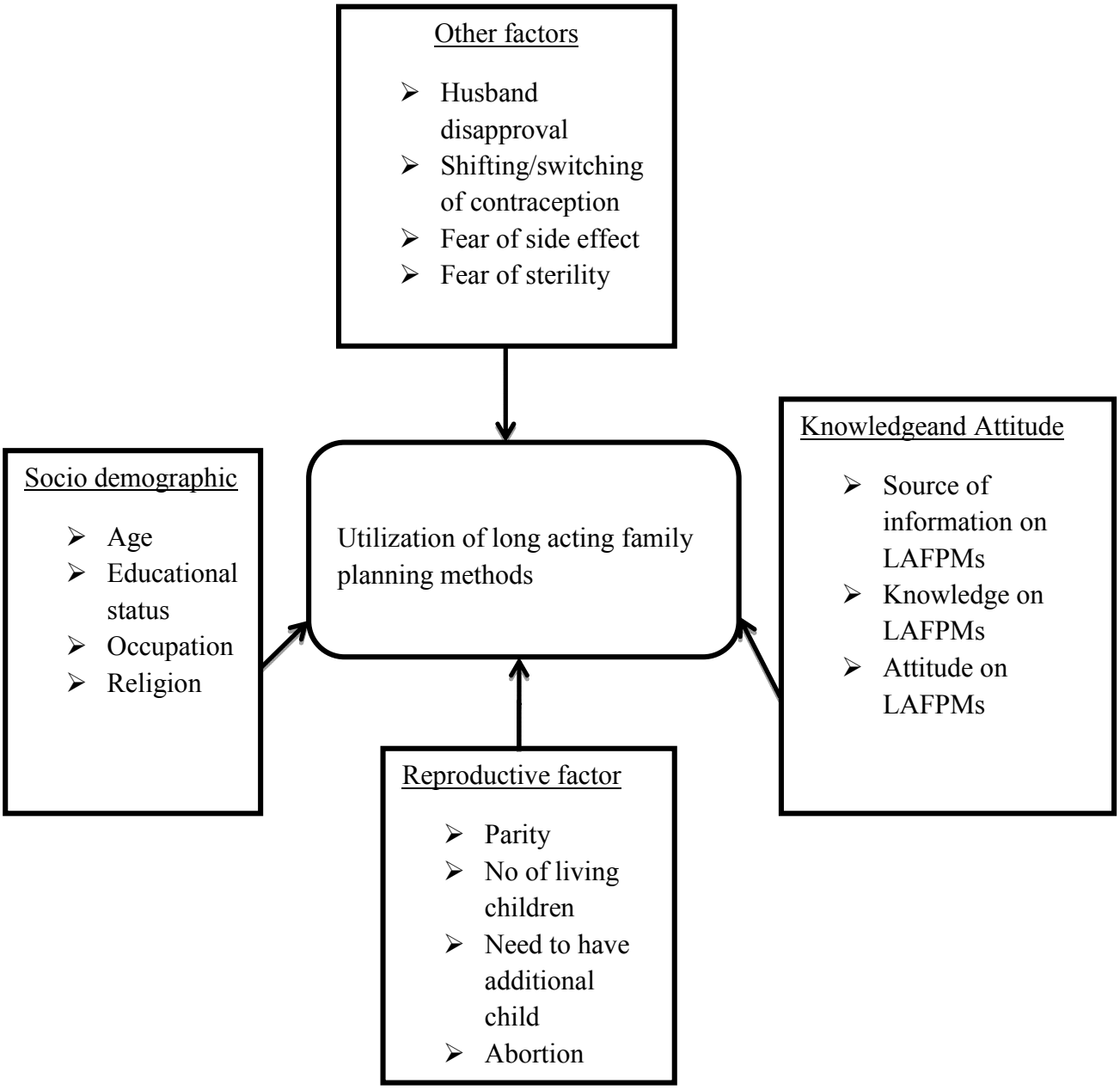

Figure I.Conceptual framework of the study

Conceptual frame work adapted from different literatures

3. Objectives of the study

3.1 GeneralObjective

To assess utilization of long acting family planning methods and associated factors among married reproductive age women in Silti District, Silte Zone, SNNPR, Ethiopia, 2017.

3.2 SpecificObjectives

- To determine prevalence of utilization of long acting family planning methods amongmarried reproductive age women.
- To identify factors associated with utilization of long acting family planning methods amongmarried reproductive age women.

4. Methods

4.1 Study area and period

The study was conducted in Silti district which is one of the woredas of the Silte Zone and located 28km from zone capital worabe, 228km from Hawassa and 147km far from Addis Ababa. The woreda divided in to 42 kebeles of which 38 of them are rural administrative units and 4 urban administrative kebeles with (212,862) total populations, (43,441) HHs and (49,597) women of aged 15-49. In Silti woreda there are one primary hospital, five Health centers and 41 Health posts (52). The study was conducted from February to May, 2017.

4.2 study design

Community based cross-sectional quantitative study design supplemented by qualitativemethodswas conducted.

4.3 Population and Sampling

4.3.1 Source population

All married reproductive age women in the households of Silti woreda during the data collection period.

4.3.2 Study population

Sample of all married reproductive age women in the selected households of Silti woreda during the data collection period.

4.4. Inclusion and exclusion criteria

4.4.1 Inclusioncriteria

Married reproductive age women who live in the selected households for more than six months were included.

4.4.2Exclusion criteria

Married reproductive age women who are either critically ill or sick at the time of data collection in the selected households.

4.5 Sample size and procedure

4.5.1 Sample size determination

A. quantitative method

The actual sample size for the study was determined using the formula for single population proportion by assuming 5% marginal error and 95% confidence interval (∂ (alpha)=0.05) andsince I could not get p-value for independent variables, the sample size calculated by using p-value of the dependent variable which is prevalence (P) of utilization of long acting family planning in Areka town, southern Ethiopia is 29.7% (29). 1.5 design effect and the none respondent rate of 10%; after calculating the maximum total sample size for this studyusing the followingformula was 528.

$$n= \frac{\left(Z\frac{\alpha}{2}\right)^2 p(1-p)}{d^2} = \frac{Z^2 p(1-p)}{d^2} = \frac{(1.96)^2 X 0.297(1-0.297)}{(0.05)^2} = 320$$

The sample size is 320 and with adjustment for non-response (10%) n= 352, the final sample size with design effect of 1.5(352) is ***528.***

Where: - n= sample size

Z= the value of the standard normal curve score corresponding to the given confidence interval=1.96

P= prevalence of utilization of long acting family planning in Areka town, southern Ethiopia =29.7%.

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

B. qualitative method

For qualitative data the minimum number participants per group was 10. And the total number of FDG was 2. And was adjusted according to the data saturation.

4.5.2 Sampling procedure

A. quantitative method

A multi-stage sampling procedure was employed to select the required households. From the total of 42 kebeles of the Siltiworeda randomly select 10kebeles by using lottery method. The number of households study to be sampled from selected 10kebeles was determined by using systematic sampling techniques proportional allocation to size based on the number of 15-49 aged women. When eligible HH has two or more than two women of married in reproductive age group, one was selected randomly. Finally to reach the study units at household level each 10kebels every 17th based on the list of the households of kebelestaken from Siltiworeda health office until the required sample size fulfilled. If the selected HH did not had at least one married women of reproductive age group, it was skipped to the next HH and the same procedure was taken place and started the first house by a lottery method.

B. qualitative study

For the focus group discussion, purposive sampling was used to select the study subjects based on socio demographic characteristics of participants i.e. women who were influential in the community ,facilitators of Ikub and Ider leader in the communityand number of children.

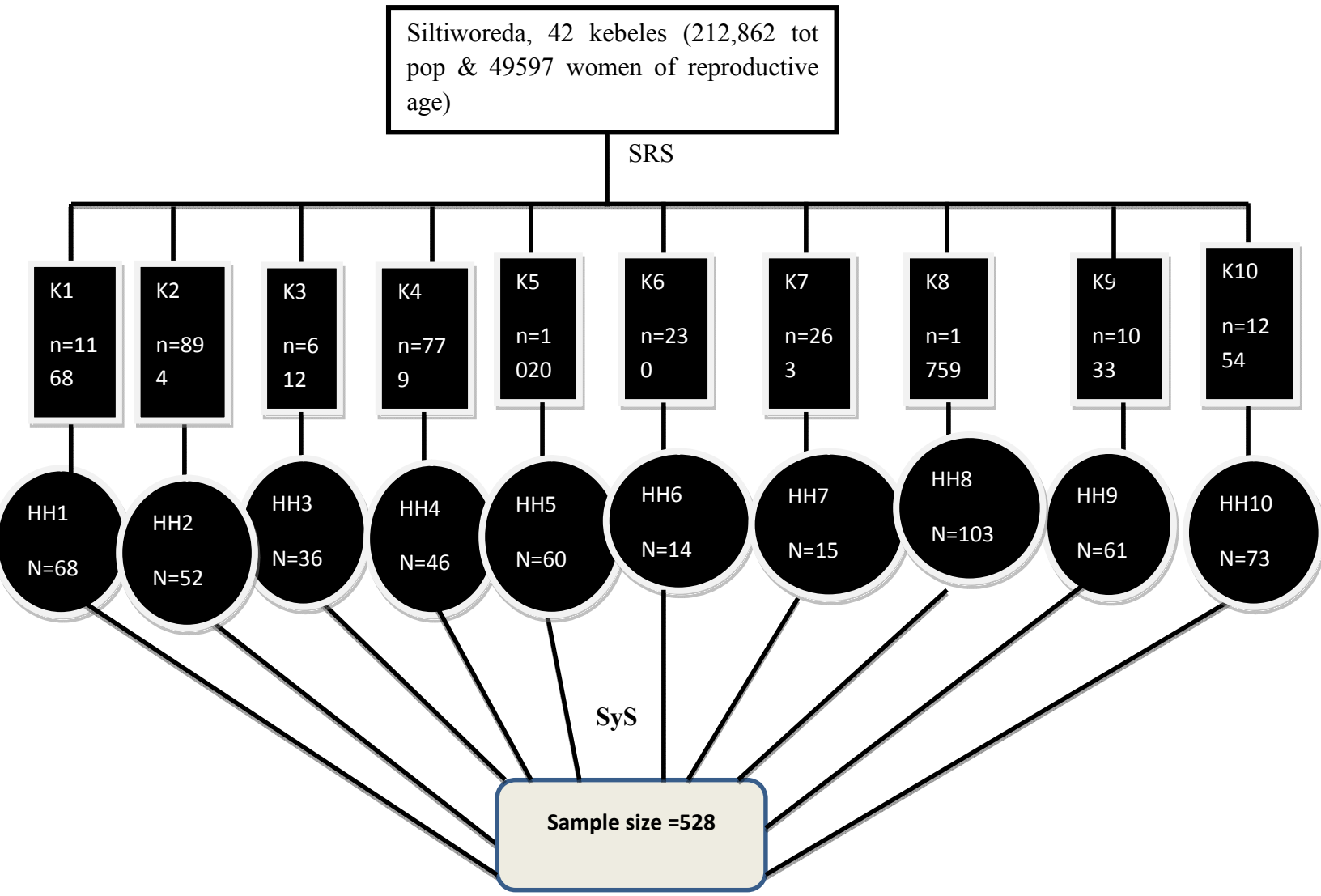

Figure II Schematic presentation of sampling procedure of the study

4.6 Study Variables

4.6.1 Dependent Variable (outcome variable)

Utilization of long acting family planning

4.6.2 Independent Variables

-Sociodemographic factors

- Age
- Educational status
- Occupation
- Religion

-Reproductive factor

- Parity
- Number of living children
- Need to have additional child
- Abortion

-Knowledge

-Attitude

-Source of information

4.7. Operational Definitions

Shifting/switching of contraceptive: if the women need to change from one contraceptive to other contraceptive method if the women needs and with medical advice to change.

Utilization of Long acting family planning methods: Currently a woman who use at least one of long acting family planning methods.

Knowledge of Long acting family planning methods: A married women in reproductive age who has understanding about LAFPMs and measured by the total number of correct answers to 8items on knowledge, with a minimum score of 0 and maximum of 8.

High knowledge: Those who knew 80% and above from eight knowledge measuring questions.

Moderate knowledge: Those who knew 50-79% from eight knowledge measuring questions**.**

Low Knowledge: Those who knew less than 50% from eight knowledge measuring questions

Positive Attitude: From six attitudes measuring questions those whoscored above mean to the correct answers from attitude measuring LAFPMs.

Negative Attitude: From six attitude measuring questions those participants who scored mean and below to the correct answers. Finally, women's utilization of long acting contraceptive methods was set as binary outcome variable. For the purpose of analysis, the attitude of women was grouped into two: "agree" and "disagree".

4.8. Data collection instrument

A. quantitative method

Data on long acting family planning utilization and its associated factors among married reproductive age women in Silti District, Silte Zone, SNNPR Ethiopia was collected by using structured questionnaire. Structured interviewer administered closed ended questionnaire was used to collect data which is adapted from WHO after reviewing different literatures of similar studies. The English version questionnaire was translated to Amharic language and to local Siltegna language again translated back to English to check by professionals who have good ability of three languages and comparisons made on the consistency of the three versions.

B. qualitative method

To complement the qualitative study, 20respondents were chosen from the selected kebeles. Each discussion was carried out by principal investigator. It was tape recorded and field notes weretaken.

4.9. Data quality management

To ensure quality of data,pre-testof data collection tools was done on the child bearing women in the kebeles which were not included in the sample in Hulbaragworeda by taking 10% (53) of the respondents of the total sample size and necessary correction was done after the pre-tested. The collected data was checked out for the completeness and clarity by the principal investigators and supervisors. This quality checking was done daily after data collection and amendments made before the next data collection measure.

Data clean up and cross-checking was done before analysis. The questionnaire was collected by students who complete grade twelve and two supervisors BSc holders were recruited. Training was given to data collector and supervisor for 2 days on how to approach study subjects. Supervision was done at spot by principal investigators and supervisors. The data was collected for 21 days of duration.

4.10. Data processing and analysis

After coding the quantitative data was entered, using EPI INFO version 3.1 and analysis was done by using SPSS version 22. The descriptive statistic was carried out to compute the different frequency, percentage and different diagrams.

Women's knowledge was measured by the total number of correct answers to eight item of knowledge with a minimum score of zero and maximum eight. Measure of knowledge was categorized based on the percent of knowledge of the distinct characteristics of LAFPMs as "high" those who knew 80% and above, "moderate" those who knew 50-79% and "low" those who knew less than 50%.

Descriptive statistics and logistic regression (binary and multiple) analysis was used to determine the effect of factor(s) on the outcome variables and to control possible confounder's P-value<0.05 will be considered to show statistical significance. Factors find to have a P-value<0.05 in the binary logistic regression will be entered into multivariate analysis to identify their independent effects. Odds ratio from logistic regression was used to identify their association with utilization of long acting family planning.

- For qualitative data all the audio taped interview was transcribed. The transcript then translated to English. The translated transcript reviewed and narrated.

4.11. Ethical Consideration

Ethical clearance was obtained from ethical review committee of Addis Ababa University College of health science school of allied health science department of nursing and midwifery.

Official permission letter was sent to Siltiworeda Health office then to kebeles in which the actual data collection will be undertaken.

The purpose and importance of the study was explained and informed consent was secured from each participant. Confidentiality was maintained at all levels of the study. Participant's involvement in the study was on voluntary basis; participants who are unwilling to participate in the study and those who wish to quite their participation at any stage was informed to do so without any restriction.

4.12. Dissemination and utilization of result

The final report will be presented to department of Nursing and Midwifery, by hard and soft copy, to Siltiworeda health beaurue, Silte zone health beaurue, federal ministry of health, important stakeholders, Family Guidance association of Ethiopia and the result will be presented in different seminars, meetings, conferences and workshops. Moreover, efforts will be done to publish the finding of the study and disseminated through different journals and scientific publications.

5. Results

5.1. Socio-demographic characteristics

A total of 528 married reproductive aged women were included in analysis with response rate 100%. The mean age of the women was 28.79 and SD ± 5.85 years. Of the respondents of the study, 514(97.3%) were Silte in ethnic group and 489(92.6%) were Muslim. From the total number of the married women, majority (36.9%) were found in age group 25-29years, 354(67%) were housewives and 355(67.2%) women had no educationand 125(23.7%) had primary education. Concerning women husband, 320(60.6%) were farmers and husband with no education level were 338(64%). Table1

Table I: Socio- demographic characteristics of study participants in Siltiworeda, Southern Ethiopia, 2017. (n=528)

Variables	Frequency	Percent
women's age in years		
15-19	10	1.9
20-24	129	24.4
25-29	195	36.9
30-34	111	21.0
35-39	59	11.2
40-44	23	4.4
45-49	1	0.2
Ethnicity		
Silte	514	97.3
Gurage	12	2.3
Oromo	1	0.2
Tigre	1	0.2
Religion		
Muslim	489	92.6
Orthodox	29	5.5
Protestant	10	1.9
Women's education		
No education	355	67.2
Primary	125	23.7
Secondary	33	6.2
More than secondary	15	2.8
Women's occupation		
Housewife	354	67
Daily laborer	28	5.3
Merchant	98	18.6
Government employee	34	6.4
Self-employee	14	2.7
Husband's education		
No education	338	64
Primary	105	19.9
Secondary	59	11.2
More than secondary	26	4.9
Husband's occupation		
Farmer	320	60.6
Daily laborer	61	11.6
Merchant	86	16.3
Government employee	45	8.5
Self-employee	16	3.0

Regarding educational status ofwomen 355 (67.2%) were not educated while 15(2.8%) of them were secondary and above.

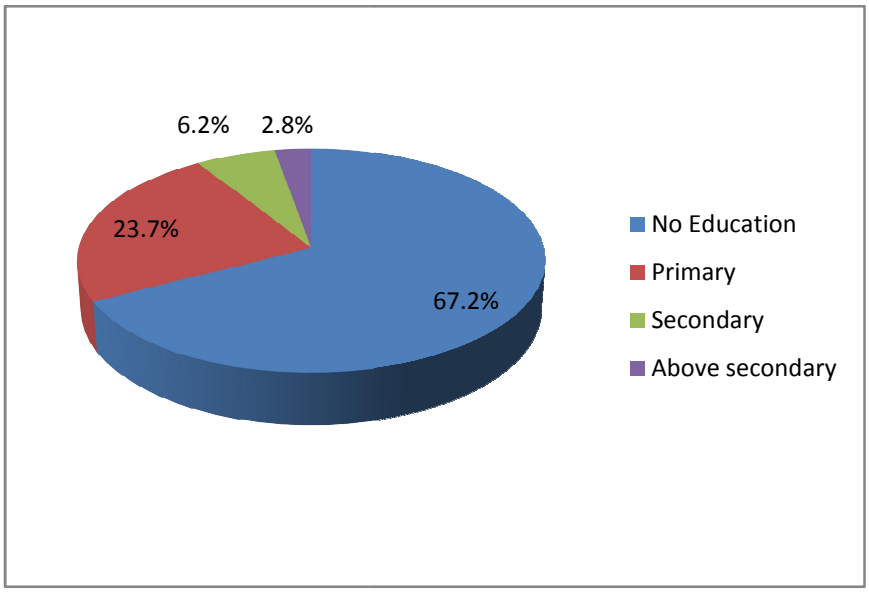

Figure III.Educational status of women in SiltiWoreda, Southern Ethiopia,2017

5.2 Reproductive history of the study participants

From 528 study participants majority of the respondents had given birth, 520 (98.5%) and concerning their marital statusmajority of them were married after age 18 years 463 (87.7%) as well more than 79.7% of them got delivery after age twenty years.(Table2)

Table II. Reproductive history of the study participants, SiltiWoreda, Southern Ethiopia, 2017

S no	Reproductive history	Frequency	Percent
1	**Age at first marriage(n=528)**		
	<18years	33	6.2
	>=18years	463	87.7
	Don't remember	32	6.1
2	**Ever gave birth(n=528)**		
	Yes	520	98.5
	No	8	1.5
3	**Age at first birth(n=528)**		
	<20years	68	12.9
	>=20years	421	79.7
	Don't remember	39	7.4
4	**Number of birth(n=528)**		
	1-2	113	21.4
	3-4	196	37.1
	>4	219	41.5
5	**Number of alive children(n=528)**		
	1-2	118	22.3
	3-4	211	40
	>4	199	37.7
6	**Ever had abortion(n=528)**		
	Yes	110	20.8
	No	418	79.2

Women's number of alive children and long acting family planning utilization status

From the result of the study women who had 3-4 children and more than four children were 7% and 6.8% users of long acting family planning methods respectively. However 33% of women who had 3-4 children were non users of long acting family planning methods.

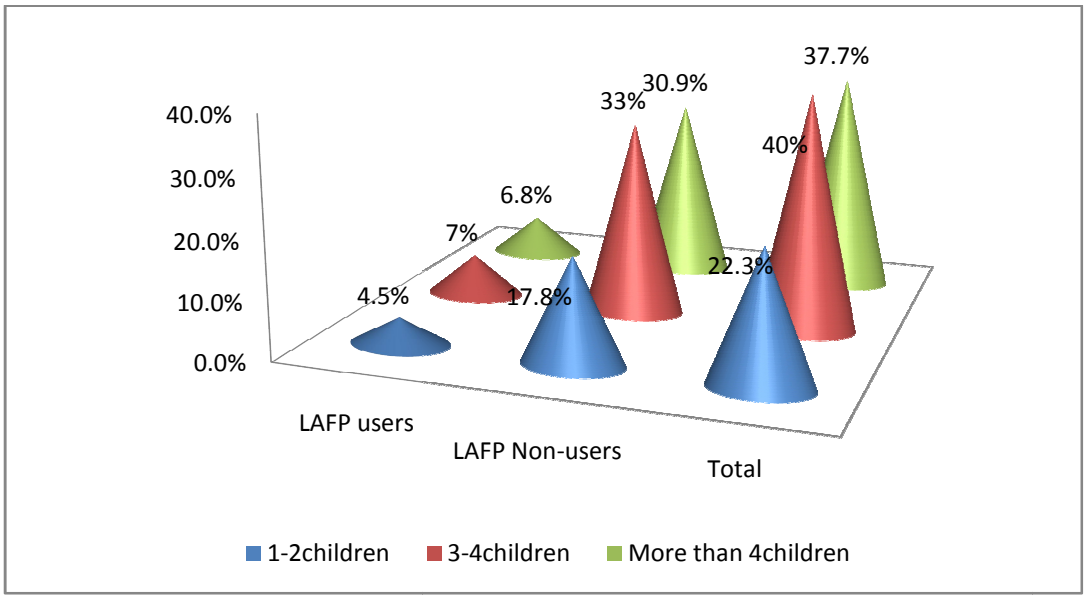

Figure IV.Number of alive children and long acting family planning methods utilization of women in Silti Woreda, Southern Ethiopia, 2017

Women who had abortion and long acting family planning methods utilization status

In the study 20.8% 0f women had abortion history from them 3.4% was long acting family planning users and 17.4% of them were non users of long acting family planning methods.

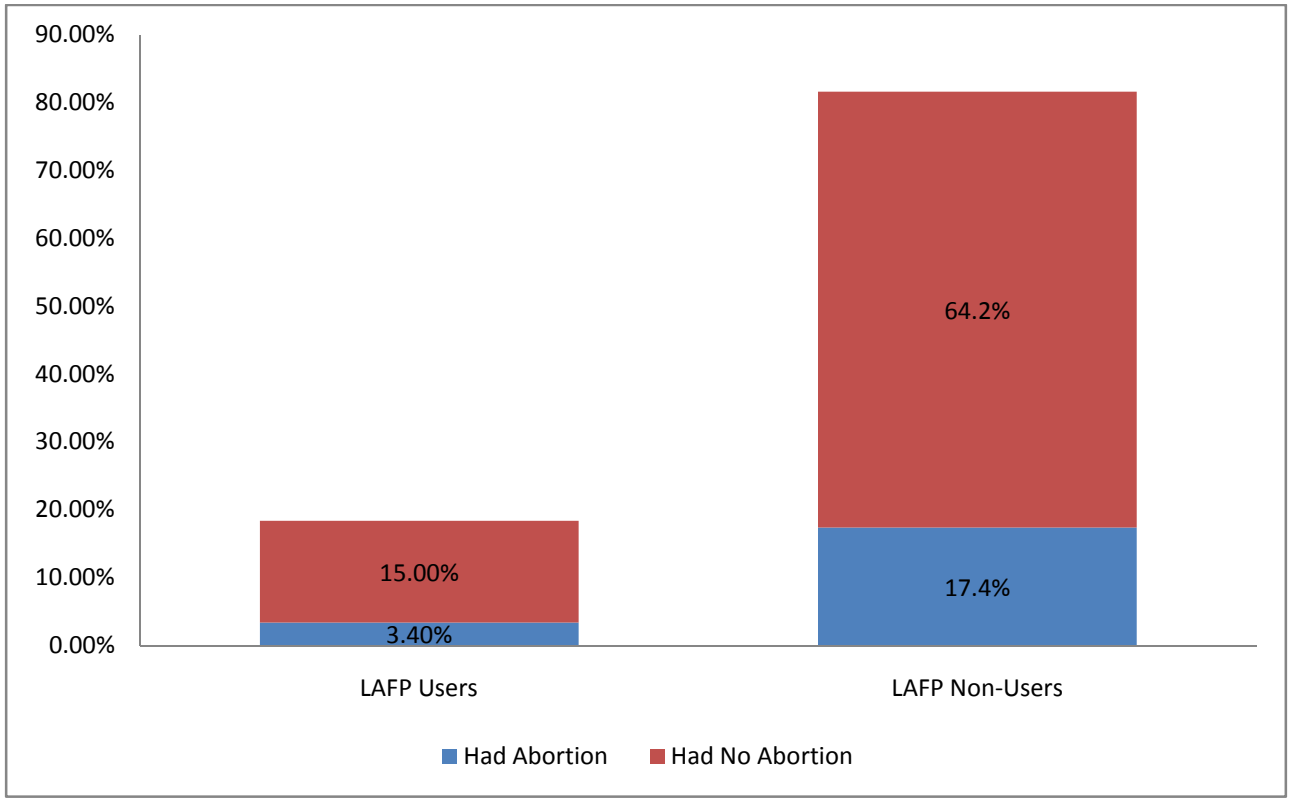

Figure V. Abortion and long acting family planning methods utilization of women in SiltiWoreda, Southern Ethiopia 2017

5.3. Source of information on modern and LAFPMs among study participants

The most common source of information for the study participants was 412(78%) health professionals within 12 months on long acting family planning methods. Majority of the study participants496 (93.9%), heard or aware about modern family planning methods and during study period. Table 3

Table III. Source of information on modern and LAFPMs among study participants, SiltiWoreda, Southern Ethiopia,2017.

S no	Variable	Frequency	Percent
1	**Ever heard modern contraceptive methods**		
	Yes	495	93.8
	No	33	6.2
2	**Information about LARCMs**		
	Yes	486	92
	No	42	8
3	**Message from mass media on LARCMs in 12months**		
	Yes	457	86.6
	No	71	13.4

5.4 Knowledge of women about long acting family planning methods

Out of the study participants 291 (55.1%) did know that IUCD can prevent pregnancy for 12 years and 352 (66.7%) did not know IUCD do not interfere with sexual intercourse. Majority of the study participants 380 (72%) had knowledge about the notion that implants can prevent pregnancy for 3-5 years and 148 (28%) of them did not know.

Among the study participated women, 294 (55.7%) had no knowledge that after immediate removal of Implant, women become pregnant. Majority of them 252 (47.7%) had moderate knowledge and the least 111 (21%) had high knowledge. (Table 4)

Table IV. Knowledge of the study participants about long acting family planning in SiltiWoreda,Southern Ethiopia, 2017.

Knowledge statements of married reproductive age women on LARCMs	True		False	
	Frequency	Percent	Frequency	Percent
IUCD prevent pregnancy for 12 years.	237	44.9	291	55.1
IUCD appropriate for preventing STIs.	133	25.2	395	74.8
IUCD appropriate to interfere with sexual intercourse or desire.	352	66.7	176	33.3
IUCD cannot cause cancer	271	51.3	257	48.7
Implant prevents pregnancy for 3-5 years.	380	72	148	28
Implant interferes with sexual intercourse or desire.	177	33.5	351	66.5
Implants reverse pregnancy quickly when removed if the women need to be pregnant.	234	44.3	294	55.7
Implants require minor surgical procedure during insertion and removal	273	51.7	255	48.3
Knowledge score of the respondents				
	Frequency		Percent	
High knowledge	111		21	
Moderate knowledge	252		47.7	
Low knowledge	165		31.2	

5.5 Attitude of the study participants towards long acting family planning

Among the study participated women 122 (23.1%) agreedthat insertion of IUCD does not lead to lose privacy and 133 (25.2%) said that IUCD do not restrict from performing daily normal activity. One hundred and seventy six (33.3%) thought that insertion and removal of implant was not highly painful and 139 (26.3%) of them reported that implants does not cause irregular vaginal bleeding. Eighty eight (16.7%) of women had positive attitude and 440 (86.3%) of women had negative attitude towards long acting family planning methods. (Table 5).

Table V.Attitude of study participants towards long acting family planning methods in SiltiWoreda, Southern Ethiopia, 2017.

Attitude questions	Agree		Not sure		Disagree	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Using implant does not cause irregular vaginal bleeding.	139	26.3	247	46.8	142	26.9
Insertion of IUCD does not lead to lose privacy.	122	23.1	287	54.4	119	22.5
IUCD doesn't move through the body after insertion.	121	22.9	316	59.8	91	17.2
Using IUCD do not restrict from performing daily activities.	133	25.2	307	58.1	88	16.7
Insertion and removal of implant is not highly pain full	176	33.3	263	49.8	89	16.9
Implant doesn't move through the body after insertion.	186	35.2	258	48.9	84	15.9
Attitude score towards LAFPMs						
	Frequency				Percent	
Positive attitude	88				16.7	
Negative attitude	440				83.3	

5.6 Utilization of modern family planning methods

From the currentstudy majority of the study participants 224 (42.4%) were used injection and least 15(2.8%) used IUCD.

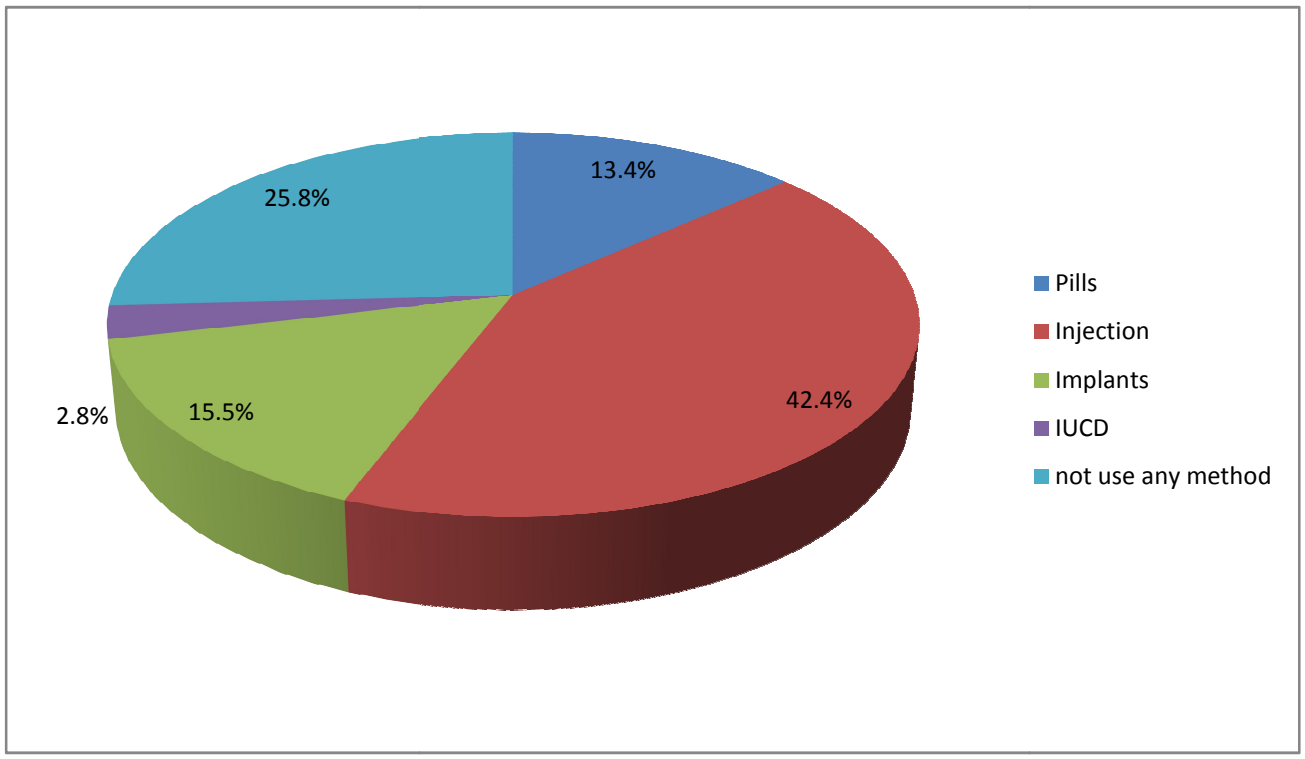

Figure VI.Modern family planning methods utilization among married women in Silti Woreda,Southern Ethiopia, 2017

5.7. Utilization of long acting family planning methods

From the study participants long acting family planning methods usage was 18.4% in the SiltiWoreda, Silte Zone, SNNPR Ethiopa,2017.

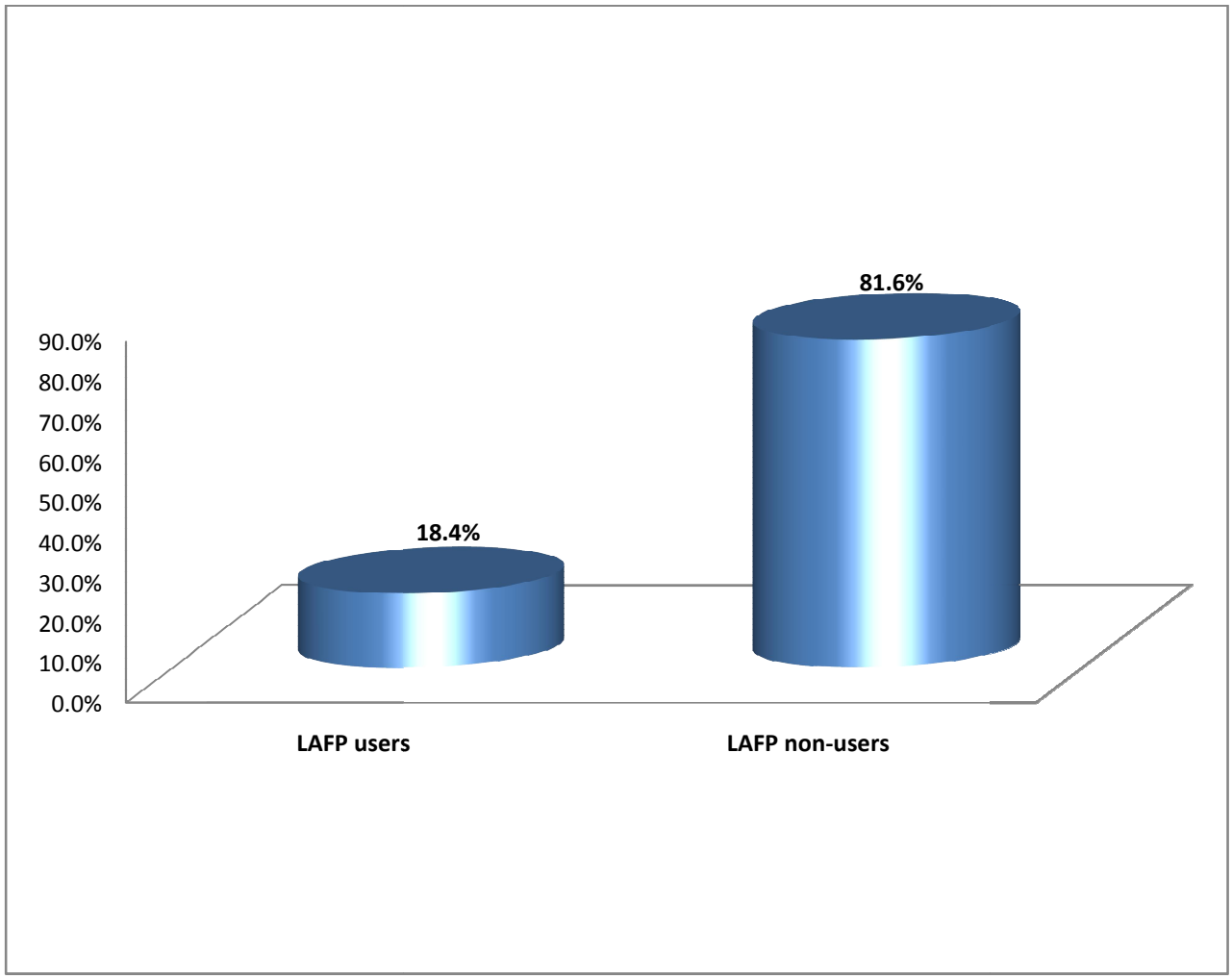

Figure VII. Long acting family planning methods utilization status among married women in Silti Woreda,Southern Ethiopia, 2017

In this study, 392(74.2%) were used modern family planning method during the study period and the most preferred method that study participants used 224(42.4%) were injectable and least method used 15(2.8%) were IUCD.

From the participated women majority of them 86(16.3%) were shifted or switched from short to short contraceptive and out of the long acting family planning method user (n=97),82 (84.5%) of them were shifted from short to long acting reversible contraceptive. the main reason to shift from one contraceptive method to another contraceptive method, 158(29.9%) were for convenience of the new method and followed by 71(13.4%) were due to inconvencey of the previous method. (Table 6).

Table VI. Utilization of modern and long acting family planning methods in SiltiWoreda, Southern Ethiopia 2017.

S no	**Variables**	**Frequency**	**Percent**
1	**Type of modern contraceptive currently used**		
	Pills	71	13.4
	Injectable	224	42.4
	Implant	82	15.5
	IUCD	15	2.8
2	**Shift from one contraceptive method to other**		
	Yes	216	40.9
	No	312	59.1
3	**From which contraceptive to which contraceptive method**		
	Long to long	8	1.5
	Long to short	49	9.3
	Short to long	82	15.5
	Short to short	86	16.3
4	**Reason to change from one contraceptive method to other**		
	For inconveniency of previous method	71	13.4
	For convenience of new method	158	29.9
	Due to side effect	50	9.5
	Need for long acting contraceptive method	67	12.7
	Provider advise me	32	6.1
	Partner influenced me	30	5.7

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5.8. Factor associated with Long Acting Family Planning status inSilti Woreda

In the study, women education, husband education, women occupation, husband occupation, Information about implant, Information about IUCD, source of information on modern contraceptives, knowledge about long acting family planning, attitude about long acting family planning and shifting or switching to other contraceptives were significantly associated with long acting family planning utilization in bivariate analysis.

The final result in multivariate analysis of this study confirmed that educational status of women and knowledge level of long acting family planning methods,attitude onlong acting family planning methods and shifting or switching to other contraceptives were identified as significant determinants of utilization of long acting family planning methods.

Women educational status was identified as one of the major associated factors of utilization long acting family planning methods in the study and the result confirmed that women who had above secondary educational status were 4.39times more likely utilize long acting family planning methods than of women who had no educational status [AOR=4.39;95% CI;1.48,12.99]

In these study women'slevels of knowledge on long acting family planning methods foundto be one of the determinants of utilization oflong acting family planning methods. Those women who had high knowledge2.28 times [AOR=2.28;95% CI:1.15,4.55] and women who had moderate knowledge 2.09 times [AOR=2.09;95% CI:1.15-3.80] more likely to utilize long acting family planning than those who had low knowledge level.

Comparing from women who had negative attitude about long acing family planning usage those women who had positive attitude were 1.76 times more likely to utilize long acting family planning methods[AOR=1.76;95% CI:1.01,3.04].

The other significant factor which associated with long acting family planning was shifting or switching of modern contraceptives, women who shifted or switched to other contraceptive methods were 7.11 times more likely to utilize long acting family planning methods[AOR=7.11;95%CI:4.12,12.25]. Table 7

Table VII. Factors associated with long acting family planning in SiltiWoreda, SNNPR Ethiopia, 2017 (n=528)

Explanatory Variables	Utilization of LAFP		COR 95% CI	AOR 95% CI	P-Value
	Yes	No			
Educational status of women					
No education	55	300	1	1	
Primary	26	99	1.43(0.85,2.40)	1.20(0.70,2.05)	0.50
Secondary	8	25	1.74(0.74,4.06)	1.40(0.59,3.36)	0.43
Above secondary	8	7	6.23(2.17,17.9)	4.39(1.48,12.99)	0.007*
Knowledge level on LAFP					
High	26	85	2.66(1.36,5.18)	2.28(1.15,4.55)	0.018*
Moderate	54	198	2.37(1.32,4.26)	2.09(1.15,3.80)	0.015*
Low	17	148	1	1	
Attitude on LAFP					
Positive	26	62	2.17(1.29,3.67)	1.76(1.01,3.04)	0.04*
Negative	71	369	1	1	
Shifting of Contraceptive methods					
Yes	77	139	8.08(4.75,13.76)	7.11(4.12,12.25)	<0.001**
No	20	292	1	1	

*Statistically significant at p-value<0.05;** p-value <0.001

For qualitative part

Findings from Focus Group Discussion

Based on the checklist that was developed to guide the discussion, relevant information was obtained. Two focus group discussions were held, participants were group of married women. Each group consisted of 10members.

Knowledge about family planning methods

Most of the participants explained that they know family planning. They said that they have heard of family planning from different sources: these sources includes: friends, neighbors, relatives, health institutions, health professionals and Radio sets.

Many of them heard and know about the short acting, but few of them heard and know about the long acting. A 33 year old women said that "*we heard about the implants and IUCD, but for example I am not using it*". A 28years old women also said on the use of implants she said '*'I have heard and know about implant and IUCD but fear to use it because those who are using implants have severe bleeding and other are unable conceive after the use of the implant and IUCD will fly up in to the uterus''.*

Perceptions about long acting family planning methods

Majority of the discussants did not know about advantages using long acting family planning methods, rather they were complaining on it. A 35 year old woman said "*when I want to use IUCD as a family planning method, unfortunately when I was discussed with my neighbors about it then totally I change my mind in order not to use the method. Because as my relatives told to me that when you use IUCD you develop uterine problem."*

Another woman age 27 also had a negative attitude regarding use of implants after developing a swell on her armpit. She said "*I am sick off having arm swell by using the family planning method implanon."*

Contraceptive Decision Making

For postponing a pregnancy and in order not have any more children most of the respondents said that the decision is up to their husband. A 23 years old women said that ‘’if I want to stop giving birth, I have not the right to do that, because of my husband, he did not hate having children even in every month if possible.’’ About eleven women said that in order not to get divorced we did not use family planning totally.

A32 year's old female said that "*husbands always want us to bring up the child at home, they don't hear us to decide on it. So, husband's attitude toward using the family planning is poor".*

One participant a 24 years old female said that "*some husbands don't understand the effect it pose on female they blindly want to have many children*", so she said we women's are the one who have greater role to determine size of the family.

Some of the discussants said that we did not use long acting family planning methods because after removal our age may gone and get in to menopause then after we couldn't have any more children. Another 30 years old woman also said that in this community using not only long acting family planning, but also the short acting family planning is strictly forbidden due to our religion. As we all know this community believe in Kuran and Hadiss due to this we did not utilize any form of contraceptive methods. She said, for example now I have a six month child, and I told for my husband to take one of the family planning methods please I said, but he did not agree with me. Still here I am not using any form of family planning methods. She continues even the community itself closes my mouth when they get me talking about utilization of family planning, especially of the long acting ones.

Suggested solutions on what should be done to improve use of family planning in this local community

The FGD discussants also gave idea on how to increase the use of the contraceptive especially the long acting family planning methods in this locality as follows

- Religious fathers should be convinced and they said that it shall surely be simple to get the consent of the community members.
- Giving education about the long acting family planning methods for the women and husband.
- Information, education and communication at family level is mandatory especially IUCD
- Training the HEW, said that they only taught us but don't give us and they don't know the side effect they only say use it.
- Intensive Health education at different places,For example, mosques

6. Discussion

Long acting family planning utilization was 18.4% among married women in SiltiWoreda according to the result of this study.Which is lower than the prevalence reported from Areka(29.7%), Jinka(31.6%) and Addis Ababa (34.8%)(20, 21, 29).This might be due to differences in the study area, access to information and the services and cultural and socioeconomic status of participants might be the core reason for the decreased acceptance rate in this SiltiWoreda community.

From this study current use of IUCD was 2.8% which is lower than in Pakistan (35%), Jinka (12.5%), Addis Ababa (12.9%)(20, 28, 32). This might be because of the study participants in SiltiWoreda not sure that IUCD cannot restrict normal daily activities (58.1%), does not move through the body after insertion (59.1%) and does not lead to privacy (54.4%).Which also might be due to the fact that large number of the women had misconception about IUCD and its side effects such as interference with sexual intercourse, cancer, delays pregnancy, restriction from working normal activity and invasion of privacy during its insertion and removal. The current use of implants was 15.5%which was higher than in Adigrat town in Tigray region where the prevalence of implant was (10.2%)(31). This might be knowledge difference between two communities and female empowerment.

The relatively low utilization of long acting family planning methods in the study area can be further justified with the FGD discussant gave the reason why we are not using long acting family planning methods was due to religion restriction and also the effects of long acting family planning methods are for long period and it may restrict us from giving birth even after removal, and also husband s are the one who decide on number of children, and if a women resist not to give birth the husbands will able to divorce her immediately.

Women educational status was identified as one of the major associated factors of utilization long acting family planning methods in the study and the result confirmed that women who had above secondary educational status were 4 times more likely utilize long acting family planning methods than of women who had no educational status. This result was supported by study in Pakistan(28) andArbaminchtowen(22).

Women knowledge level about long acting family planning methods is significant determinant of utilization of long acing family planning, women who had high knowledge utilize long acting family planning 2times more likely than women who had low knowledge. This association is supported by study inArbaminch, Hossana town, and Adama confirmed that high knowledge positively related with utilization of long acting family planning methods(22, 47, 50).

The possible justification for this might be due to those women who had high knowledge has able to aware and when possible side effects happen to them and they are able make a decision on how to solve it in using of the long acting family planning methods and they are able to choose the preferred method according to their fertility need.

The other significant factor which determinesutilization of long acting family planning iswomen attitude towards utilization of long acting family planning; women who had positive attitude were 1.76times more likely to utilize long acting family planning than women who had negative attitude.

The result is supported by the findings fromArbaminchwomen who had supportiveattitudes towards long acting contraception were 3 times (AOR=3, 95%: [1.43-3.57]) more likely to utilize than those who had non supportive attitudeand Addis Ababawomen who had a supportive attitude regarding long acting reversible contraceptive method were 2.7 times (AOR=2.7,95%:[1.5,4.8]) more likely to use long acting reversible contraceptive methods as compared with those who had non supportive attitude(22, 32). The finding is also in line with the study in Burkina Faso,women who had supportive attitude had utilized long acting family planning methods than women who had non supportive attitude(42).

The possible justification for this might be due to; having positive attitudemade them to resist misconception and tolerate the side effects for using long acting family planning methods.

The study also revealed that shifting or switching as significant determinants of utilization of long acting family planning. Women who had shifted or switched to other family planning methods were 7times more likely to utilize long acting family planning than women who had no shifted or switched. The result is supported by study in Addis Ababa study revealed that, women who had shifted or switched contraceptives were 12 times (AOR=12.4,95%:[6.6,23.6]) more

likely to use long acting reversible contraceptive method as compared with those who had not shifted or switched(32).

This might be due to having experience in using different types of family planning method, understanding its importance andalso they have access to counseling services.

The current study also showed, the main reason mentioned by the women for not to utilize long acting family planning was need for short acting family planning methods. This is in opposite of the study findings in Addis Ababa, Jinka and Arbaminch indicated that fear of side effect made them not to use long acting family planning methods(20, 22, 32).

The possible justification for this might be due to misperception about the long acting family planning methods and might also be the need for having more children.

The idea was also supported by FGD discussants, they were not used the long acting family planning methods due to false perception. One respondent said *''...when I want to use IUCD as a family planning method, unfortunately when I was discussed with my neighbors about the method then totally I changed my mind in order not to use the method. Because as my relatives told to me that when you use IUCD you will develop uterine problem.''*

7. Strength and Limitations of the study

7.1 Strength of the study

- The study was community based quantitative and qualitative method was used. These methods improve the research outcomes as qualitative study complement and strengthen the quantitative study.
- Use of logistic regression helped to control possible confounding factors in order to assess the relative effect of independent variables and high response rate.
- Different types of data collection instruments were used to collect data from different sources to increase validity of the study.

7.2 Limitation of the study

- Cross- sectional study design was used in the present study. This type of study design shows the exposure and outcome at the same point in time, so that we cannot formulate a cause and effect relationship.
- The study used based on only women perspective to assess,but other perspectives such as husbands and others might have significance.

8. Conclusion and Recommendation

8.1 Conclusion

The study was revealed that use of long acting family planning among married women in SiltiWoreda, Southern Ethiopia was lower than long acting family planning methods use rate reported in other studies in Ethiopia. Women educational status, knowledge level, attitude level and shifting or switching from one contraceptive to other were identified as significant determinants of utilization of long acting family planning methods in the study area.Among the study participants, 56.8% non-users of long acting Family Planning were not educated.

From FGD discussants religion and husband decision making were the twomain ideas raised by the discussants that prevent them to utilize the long acting family planning methods.

8.2. Recommendations

After reviewing the findings of the study, the following recommendations were made:

I. **General:**

- Advocacy at level of religious leader which help decision making.
- Making continuous effort to involve husbands which also help in decision making

II. **Health Berau of SiltiWoreda**:

- Should encourage public and private institutions to give Continuous health education on LAFPMs, increase availability of LAFPMs services and information education communication should focus on addressing the needs of long acting family planning methods.
- Strengthening the training for health professionals and teaching the married women exhaustively about the LAFPMs bySilti Health Berau in collaboration with Silte Zone Health Berau and SNNPR Health Berau, may increase the use of LAFPMs by married women.
- Create a working environment like tea and coffee ceremony in the community in collaboration up to family with integration of the HEWs, NGO,and private organization for further improving the use of the long acting family planning methods.

III. **Health Professionals:**

- Should be aware of the current prevalence of LAFPMs which is low, attention shall better be given during MNCH service.

IV. **Researchers:**

- Need to conduct further studieson assessing the quality of service given and factors affecting the utilization of the long acting family planning methods including the husbands.

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10. Annexes

ANNEX I. INFORMATION AND INFORMED CONSENT, IN ENGLISHG AND AMHARIC

Introduction

My name is _____. I am working with BirukAssefa who is doing a research for the partial fulfillment of Master's Degree in maternity and reproductive health at Addis Ababa University. This questionnaire is intended to assess utilization of long-acting family planning and its associated factors among married reproductive age group women in Silti District, Silte Zone, SNNPR, Ethiopia. You are selected to be one of the Participants in the study.

Study title:-Assessment of long acting family planning utilization and associated factors among married reproductive age women in Silti District, Silte Zone, SNNPR, Ethiopia, 2017.

Purpose: purpose of the project is to identify factors affecting use of long acting Family planning methods. The other purpose is for the fulfillment of my master degree in maternity and reproductive health. The information you provide here will be very helpful to the investigator of this study to write a research paper for the requirement in completion of master's program. The findings of this project could help in designing priority intervention strategies for better implementation of long-acting contraceptives that enables to meet much more planed fertility of couples.

Duration of the Study: From February to May 2017 GC.

Procedures: There are questions that assess factors influencing the use of long acting family planning among married reproductive age group women. I would like to ask you to give your genuine and honest answers on the questions forwarded. If you need clarification please ask me. It will take you about 15 minutes to finish this survey.

Benefits and Risks: By participating in this study and answering our questions, you will not receive any direct benefit. However, the information will help the researcher to understand factors influencing the use of long-acting family planning among married reproductive age group women in order to appropriately identify future interventions related to problem to be found.

Your participation in this study will not involve any risks. If a question makes you feel uncomfortable, you may choose not to answer.

Confidentiality: you will not be asked your name on to be written the survey questions. All the information you give to us will be kept private. Whatever information you provide will be kept strictly confidential. The information you give will kept in a locked file cabinet. Only the researcher will have access to see the answers you give. No information identifying you will ever be released to anyone outside of this data collection activity.

Participation: Participation in the survey is completely voluntary. If you are not comfortable in answering any question(s), you can leave it blank. You can stop filling out the questionnaire at any time without giving a reason and your relationship with the community or any other body will not be affected in any way. If you would like to know more, please contact: Address of the Principal Investigators Name BirukAssefa, 0913189561

I thank you in advance for taking your time to answer questions.

Would you be willing to participate in the study?

If yes, I am in advance to ask you.

If no, please stop here

Consent of the participant: I the undersigned have been informed that the purpose of this research project. Based on the above information I agree to participate in the research voluntarily.

Signature of Participant ----------

Date----------

አዲስ አበባ ዩኒቨርሲቲ የነርሲንግና ሚድዋይፍ ት/ቤት

የእናቶችና የስነተዋልዶ ጤና ትምህርት ክፍል

አማርኛ መጠየቅ

የመጀመሪያ የስምምነት ውል ቅፅ

ሀ. መግቢያ

ጤና ይስጥልኝ!.....እባላለሁ፡፡የምሰራው በአዲስ አበባ ዩኒቨርሲቲ የእናቶችና የስነተዋልዶ ጤናሳይንስ ትምህርት ክፍል የሁለተኛ ዲግሪ ማሟያ ጥናታዊ ፅሑፍ/ምርምር/ በማድረግ ሊይ ከሚገኙት ስር ብሩክ አሰፋ ከተባሉ ጥናት አድራጊ ጋር ስሆን፣በስልጤ ወረዳ ውስጥ ያሉ ሴቶች በቤተሰብ እቅድ ላይ ያላቸውን ሁኔታ በተመለከተ ለማወቅ ቃለ መጠይቅ እያደረግሁኝ እገኛለሁ፡፡እርስዎም የጥናቱ ተሳታፊ ይሆኑ ዘንድ ተመርጠዋል፡፡የምርምሩ/ጥናቱ ርዕስ፡- በስልጤወረዳያሉሴቶች በመውለድ እድሜ ውስጥ ያሉ ያገቡ ሴቶች የረጅም ጊዜ የወሊድ መከላከያ እንዳይጠቀሙ የሚያደርጉ ምክንያቶችን ለማወቅ የሚካሄድ ጥናት ነው፡፡

ለ. የጥናቱዓላማ፡-

በመውለድ እድሜ ውስጥ ያሉ ያገቡ ሴቶች በረጅም ጊዜ አገለግልት የሚሰጡ የወሊድ መከላከያዎች ላይ ያላቸውን ሁኔታ በተመለከተ ለማወቅና ከዚህ ጋር ተያያዥነት ያላቸውን ዋና ዋና ጉዳዮችን በመሰብሰብ የቤተሰብ እቅድ አገልግሎቱንና ፕሮግራሙን ይበልጥ ለማሻሻል ነው፡፡ ሌላው በህብረተሰቡ ጤናሳይንስ የሁለተኛ ዲግሪ ማሟያ ፅሑፍ ለማቅረብ ነው፡፡ከዚህ በላይ የጥናቱ ውጤት በቤተሰብ እቅድ ዙሪያ ለሚሰሩ አባላት/ሀላፊዎች/ ዕቅድ፣ ዝግጅትና ትግበራ ላይ ማሻሻያ ለማድረግ አስፈሊጊነቱ የላቀ ይሆናል፡፡

አተገባበር፡-ከላይ የተመለከተውን ጥናት ለማካሄድ የተለያዩ ጥያቄዎች ይኖሩናል፡፡ጥናቱ ውጤታማ ሊሆን የሚችለው እርሶ በሚሰጡት ትክክለኛ መልስ ላይ በመሆኑ ጥያቄዎቹን በጥንቃቄ እንዲመልሱልን ፍቃደኝነትዎን በትህትና እንጠይቃለን፡፡ ግልፅ ያልሆነልዎትን/እንዲብራራልዎት/ የሚፈልጉት ጉዳይ ካለ መጠየቅ ይችላል፡፡መጠይቁ 15 ደቂቃ አካባቢ የሚጨርስ መሆኑን ለመግለፅ እንወዳለን፡፡

የጥናቱጥቅምናጉዳት፡-እርሶ በዚህ ጥናት ተሳታፊ በመሆንዎ በቀጥታ ሊያገኙ የሚችሉት ነገር ላይኖር ይችላል፤ነገር ግን የእርሶ ተሳትፎ በጥናቱ አላማ ለረጅም ጊዜ ወሊድን በመከላከል ዙሪያ ያለውን ክፍተት ለማሳየት እና ትክክለኛ የመፍትሔ አቅጣጫ ለመጠቆም እጅግ በጣም አስፈሊጊ ነው፡፡ በዚህ ጥናት በመሳተፎ ምንም አይነት ጉዳት አይደርስቦትም፡፡ በመጠይቁ ውስጥ ለመመለስ የማይፈልጉት ጉዳይ ካለ ምምላሽ እንዲሰጡ አይገደዱም፡፡

ምስጢራዊነት፡-ለዚህጥናት/ፕሮጀክት/ የሚሰበሰብ ማንኛውንም ዓይነት መረጃ ምስጢራዊነቱ የተጠበቀ ሲሆን የርስዎም ስም ሳይፃፍበት ስውር ሚስጥራዊ ቁጥር ብቻ ተሰጥቶት በፋይል ውስጥ የሚቀመጥ ይሆናል እንዲሁም መረጃው ጥናቱን ከሚያካሂደው ሰው በስተቀር ለማንም ዓይነት ሰው ግልፅ አይሆንም፡፡

ተሳትፎ፡-በዚህ ጥናት ላይ መሳተፍ/አለመሳተፍ/ ሙሉ በሙሉ በርስዎ ፈቃደኝነት ላይ የተመሰረተ ነው፡፡ ለጥያቄዎቹ በሙሉም ሆነ በከፊል መልስ ያለመስጠት መብት አለዎት፡፡ ይህ ደግሞ ማንኛውንም አይነት ግልጋሎት ከማግኘት አያግድዎትም፡፡ እንዲሁም በፈለጉት ሰዓት ማንኛውንም መብትዎን ሳያጡ የማቋረጥ ሙሉ መብት አለዎት፡፡ የበለጠ መረጃ ካስፈለጎት የሚከተለትን አድራሻ መጠቀም ይችላሉ

ጥናቱን የሚያካሂደው ሰው አድራሻ፡ ብሩክ አሰፋ ስ.ቁ 0913189561

በአዲስ አበባ ዩኒቨርሲቲ የነርሲንግና ሚዲዋይፍት/ቤት የእናቶችና ስነተዋልዶ ጤና ትምህርት ክፍል የስነምግባር ኮሚቴ ስልክ:

ለቃለ ምልልሱ ተስማምተዋል አዎ ከሆነ ጥያቄውን ይቀጥሉ፡--

አልተስማማሁም ከሆነ በዚህ እናቆማለን

የተሳታፊዋ የስምምነት ውል፡- እኔ ከዚህ በታች ፊርማዬን ያስቀመጥኩት ግለ ሰብ የዚህ ጥናት ዓላማ ገልተያልኛል፡፡ከላይ በተገለፀልኝ መረጃ መሰረትም በጥናቱ ለመሳተፍ ተስማምቻለው፡፡

የተሳታፊ ፊርማ---------- ቀን----------

ለትብብርዎት እናመሰግናለን፡፡

ቃለ ምልልሱን ያካሄደው ሰው ስም----------ፊርማ---------ቀን----------

ቃለ ምልልሱ የተጀመረበት ጊዜ ---------- ቃለ ምልልሱ የተጠናቀቀበት ጊዜ------

ያረጋገጠው ሱፐርቫይዘር ስም ----------ፊርማ ----------ቀን----------

ANNEX II: ENGLISH VERSION QUESTIONNAIRE

English questionnaire on long acting family planning methods utilization and its associated factors among married reproductive age women.

Kebele---------- Interviewer No. ---------- Interviewee No. -------
Woreda/Town---------- Date of interview----------

PART I: SOCIODEMOGRAPHIC CHARACTERSTICS AMONG STUDY PARTICIPANTS

Code	Questions	Possible Answers	Skip
101	How old are you? Age at interview in completed year	1. 15-19 3. 25-29 2. 20-24 4. 30-34 5. 35-39 6. 40-44 7. 45-49 8. I don't remember	
102	What is your religion?	1. Orthodox 2. Muslim 3. Protestant 99. Others_____	
103	What is your ethnicity?	1. Amhara 3. Gurage 2. Oromo 4. Tigire 5. Silte 99. Others_____	
104	What is your highest level of education?	1. Read and write 4. 7-12 grade 2. Iilliterate 5. >12 grade 3. 1-6 grade	
105	What is your husband's highest level of education?	1. Read and write 4. 7-12 grade 2. Illiterate 5. >12 grade 3. 1-6 grade	
106	What is your occupation?	1. Government employee 3. Merchant 2. Self-employee 4. Handcraft makers 5. Housewife 6. Daily laborer	
107	What is your husband's occupational	1. Government employee 3. Merchant	

	status?	2. Self-employee 4. Handcraft makers 5. Housewife 6. Daily laborer	

Part II. REPRODUCTIVE HISTORY OF STUDY PARTICIPANTS

Code	**Questions**	**Possible Answers**	**Skip**
201	What was your age at first marriage?	1. <18 years 2. >=18 years 88.Idon‟t remember	
202	Have you ever given birth?	1. Yes 2. No	If your answer is NO skip to question number 206.
203	If your answer is yes for, what was your Age at 1st birth?	1. <20 years 2. >=20 years 88.Idon‟t remember	
204	How many births have you given?	1. 1-2 2. 3-4 3. >4	
205	How many of them are alive?	1. 1-2 2. 3-4 3. >4	
206	Have you ever had abortion?	1. Yes 2. No	

Part III: SOURCE OF INFORMATION ON MODERN AND LONG ACTING REVERSIBLE CONTRACEPTIVE METHODS OF STUDY PARTICIPANTS.

Code	Questions	Possible Answers	Skip
301	Have you ever heard about Modern contraceptive method?	1. Yes 2. No	if NO skip to 304
302	What type of modern contraceptive do you heard? More than one answer is possible	1. Pills(the contraceptive that is Swallowed) 3. The contraceptive that is placed inside the upper arm 2. The contraceptive that is given in the form of injection 4. The contraceptive that is placed inside the uterus 5. Condom 6. I don't know	
303	What is your main source of information on modern contraceptive?	1. Neighbors /relatives 2. Husband 3. Health professional 4. Mass media 99. Other specify	
304	Do you have information about long acting reversible contraceptive Methods?	1. Yes 2. No	If NO skip to question number 306
305	If Yes, please mention LARC that you heard.	1. The contraceptive that is placed inside the upper arm 2.The contraceptive that is placed inside the uterus 99.Others----------	

306	Have you ever had exposure to long Acting reversible contraceptive message through mass media within the last 12 months?	1.Yes 2.No	
307	If yes, please mention LARCMs You heard?	1. Inserted in the upper arm 2.Loop(placed inside the uterus) 99.Other_____	

PART IV: KNOWLEDGE ON LONG ACTING REVERSIBLE CONTRACEPTIVE AMONG STUDY PARTICIPANTS

Code	**Questions**	**Possible Answers**	**Skip**
401	The contraceptive that placed inside the uterus can prevent pregnancies for 12 years.	1. True 2. False	
402	The contraceptive that placed inside the uteruscan prevent Sexually transmitted Infections (STIs).	1. True 2. False	
403	The contraceptive that placed inside the uterus interfere with sexual intercourse or desire.	1. True 2. False	
404	The contraceptive that placed inside the uterus cannot cause cancer	1. True 2. False	
405	The contraceptive that placed inside the upper arm can prevent pregnancies for 3-5 years.	1. True 2. False	
406	The contraceptive that placed inside the upper armcan interfere with sexual intercourse or desire.	1. True 2. False	
407	The contraceptive that placed inside the upper arm reverse pregnancy quickly when removed if the women need to be pregnant	1. True 2. False	

408	The contraceptive that placed inside the upper arm require minor surgical procedure during insertion and removal	1. True 2. False	

PART V: ATTITUDE ON LONG ACTING REVERSIBLE CONTRACEPTIVE METHODS OF STUDY PARTICIPANTS

Code	Questions	Possible Answers	Skip
501	Using the contraceptive that placed inside the upper arm does not cause irregular bleeding.	1. Agree 2. Not sure 3. Disagree	
502	Insertion of the contraceptive that placed inside the uterus does not Lead to lose privacy.	1. Agree 2. Not sure 3. Disagree	
503	The contraceptive that placed inside the uterus doesn't move through the body after insertion.	1. Agree 2. Not sure 3. Disagree	
504	Using the contraceptive that placed inside the uterusdoes not restrict normal activities.	1. Agree 2. Not sure 3. Disagree	
505	Insertion and removal of the contraceptive that placed inside the upper arm is not highly pain full.	1. Agree 2. Not sure 3. Disagree	
506	The contraceptive that placed inside the upper arm doesn't move through the body after insertion.	1. Agree 2. Not sure 3. Disagree	

PART VI: UTILIZATION OF MODERN AND LONG ACTING CONTRACEPTIVE METHODS OF STUDY PARTICIPANTS

Code	Questions	Possible Answers	Skip
601	Have you ever used any form of modern contraceptives?	1. Yes 2. No	
602	Which method have you ever used? More than one answer is possible.	1.Pills (the contraceptive that is Swallowed) 5. Condom 2.The contraceptive that is given in the form of injection 3.The contraceptive that is placed inside the upper arm 4. The contraceptive that is placed inside the uterus 99. Others------	
603	Which method are you using now?	1. Pills (the contraceptive that is Swallowed) 5. Condom 2.The contraceptive that is given in the form of injection 3. The contraceptive that is placed inside the upper arm 4. The contraceptive that is placed inside the uterus 99. Others------	
604	From where did you receive the method of contraceptive that you are in using now?	1. Government health facility 2. Private hospital, clinic 3. Pharmacy. 4. Non-Government Org 99. others (specify)----------	
605	For how long have you used contraception?	1.Less than one year 2. 1-3 years 3. More than 3 years	

		99. Others(specify) -------	
606	Have you ever shifted/switched one contraceptive method to other?	1.Yes 2.No	If No skip to 609
607	If yes, from which contraceptive method to which contraceptive method (recent one)?	1.Long to long contraceptive method 2.Longto short contraceptive method 3.Shortto long contraceptive method 4.Shortto short contraceptive method	
608	Why did you shift/switch from one method to another? More than one answer is possible	1.For inconveniency of previous method 2.For convenience of new method 3.Due to lack of access to the previous method 4. Do to side effect 5.Need for long acting contraceptive method 6.Provider advise me 7.Partner influenced me 99.Others	
609	If NO for question 606(7, 8), Why? Main reason	1.Misconception 2.Needfor short acting contraceptive 3. Fear of Side effect 4. Medical cases 5. Fear of infertility 6. Other specify _____	

የአማርኛ መጠይቅ

ቀበሌ---------- የጠያቂው የኮድቁ.---------- የተጠያቂው የኮድቁ-----

ወረዳ ---------- የመጠይቅ ቀን----------

ክፍልአንድ፡- ማህበራዊናኢኮኖሚያዊ ሁኔታ መጠይቅ			
ኮድ	**ጥያቄዎች**	**ለጥያቄውመልስሊሆን የሚችለው**	**ወደቀጣይ እለፊ**
101	**እድሜዎስንትነው?የመጠይቁ በተደረገበት ጊዜ**	1.15 - 19 5. 35 - 39 2. 20 - 24 6. 40 - 44 3. 25 - 29 7. 45 - 49 4. 30 - 34 99. **አላስታውሰውም**	
102	**የምን ሀይማኖት ተከታይ ኖት?**	1.**ኦርቶድክስ** 2.**ሙስሊም** 3.**ፕሮቴስታንት** 99.**ሌሎች**_____	
103	**ብሔርዎ ምንድ ነው?**	1. **አማራ** 4. **ትግሬ** 2.**ኦሮሞ** 5. **ስልጤ** 3.**ጉራጌ** 99.**ሌሎች**_____	
104	**የትምህርት ደረጃዎ ስንት ነው?**	1.**ማንበብናመጻፍየማትችል** 2.**ያልተማረች** 3.**አንደኛደረጃያጠናቀቀች** (1-8) 4.**ሁለተኛደረጃያጠናቀች**(8-12) 5. **ሰርተፍኬትእናዲፕሎማ (ደረጃ**	

		1-5) 6. ዲግሪናከዚያበላይ	
105	የባለቤትዎ የትምህርት ደረጃ ስንት ነው?	1.ማንበብናመጻፍየማይችል 2.ያልተማረ 3.አንደኛደረጃያጠናቀቀ (1-8) 4.ሁለተኛደረጃያጠናቀ(8-12) 5.ሰርተፍኬትእናዲፕሎማ (ደረጃ 1-5) 6. ዲግሪናከዚያበላይ	
106	ስራዎምንድነው?	1.የመንግስት4. እደጥበብሰራተኛ 2.የግልድርጅት 5. የቤትእመቤት 3. ነጋዴ 6. የቀንሰራተኛ	
107	የባለቤትዎ ስራ ምንድ ነው?	1.የመንግስት 4.እደጥበብሰራተኛ 2.የግልድርጅት 5.ገበሬ 3.ነጋዴ 6.የቀንሰራተኛ	

ክፍልሁለት፡- የስነተዋልዶ ታሪክን በተመለከተ

ኮድ	ጥያቄዎች	ለጥያቄውመልስሊሆን የሚችለው	ወደቀጣይ እለፍ
201	መጀመሪያ ባልስታገቢ ዕድሜሽ ስንት ነበር?	1. ከ 18 ዓመትበታች 2. 18 እናከዚያበላይ 99. አላስታውሰውም	
202	ልጅ ወልደሽ ታውቂያለሽ?	1. አዎወልጂአውቃለው 2. አይወልጂአላውቅም	አይከሆነወደ ጥያቄ ቁጥር 206 እለፊ

203	መልስሽ አዎ ከሆነ፤የመጀመሪያ ልጅሽን ስትወልጂ እድሜሽ ስንት ነበር ?	1. <20 (ዓመትበታች) 2. >=20 (እናከዚያበላይ) 99. አላስታውሰውም	
204	ስንት ልጅ ወልደዋል?	1. 1-2 2. 3-4 3. >4	
205	በህይወት ያሉ ስንት ልጆች ናቸው?	1. 1-2 2. 3-4 3. >4	
206	አስወርደሽ ታውቂያለሽ?	1.አዎ 2. አይ	

ክፍልሦስት፡-ስለዘመናዊ ወሊድ መቆጣጠሪያ እና ረጅም ጊዜ የሚያገለግለ ወሊድ መከላከያ ዘዴዎች የተሳተፊዋ የመረጃ ምንጭ

ኮድ	ጥያቄዎች	ለጥያቄው መልስ ሊሆን የሚችለው	ወደቀጣይ እለፍ
301	ስለዘመናዊ ወሊድ መቆጣጠሪያ ሰምተው ያውቃለ?	1.አዎ 2. አላውቅም	አላውቅምከ ሆነወደጥያ ቄቁጥር 304 እለፊ
302	መልስዎ አዎ ከሆነ የትኛውን የወሊድ መቆጣጠሪያ ያውቃሉ የተጠቀሱት ወይም ያስታወሱትን ያክብቡ? (ከአንድ በላይ መልስ መስጠት ይቻላል)	1.ፒልስ(የሚዋጥ እንክብል) 5.ኮንዶም 2.መርፌ 6.አላውቅም 3.ክንድ ላይ የሚቀበር 4.(ሉፕ)በማህጸንየ ሚቀመጥ	
303	ስለዘመናዊ የወሊድ መቆጣጠሪያ መረጃ ከየት አገኙ?	1.ጎረቤት/ዘመድ 3. ከጤናባለሙያ 2.ከባለቤትዎ 4. ከብዙሀንመገናኛ 99.ሌሎች_____	

304	ስለረጅም ጊዜ የሚያገለግሉ ወሊድ መከላከያ ዘዴዎች ሰምተው ያውቃሉ?	1.አዎ 2. አላውቅም	አላውቅምከ ሆነወደጥያ ቁቁጥር 306 እለፊ
305	መልስዎ አዎ ከሆነ የሰሙትን የረጅም ጊዜ ወሊድ መከላከያ ይጥቀሱ	1.በክንድቆዳውስጥ የሚቀበር 2.ሉፕ(በማህጸንየ ሚቀመጥ) 3.አላውቅም 99.ሌሎች_____	
306	ባለፈው 12 ወራት ውስጥ ስለ ረጅም ጊዜ የወሊድ መከላከያ ዘዴዎች መልዕክት ደርሶዎታል?	1.አዎ 2. አይደለም	
307	መልሶት አዎ ከሆነ የትኞቹን (የተጠቀሱትን ያክብቡ)?	1.ክንድቆዳውስጥየ ሚቀበር 2.በማህፀንየሚቀመ ጥ 99.ሌሎች_____	

ክፍልአራት፡-ስለ ረጅም ጊዜ የሚያገለግሉ ወሊድ መከላከያ ዘዴዎች የተሳተፊዋ ግንዛቤ

ኮድ	ጥያቄዎች	ለጥያቄው መልስ ሊሆን የሚችለው	ወደ ቀጣይ እለፊ
401	ሉፕ(በማህጸንየሚቀመጥየወሊድመከላከያ)ለ12 ዓመት እርግዝናን ይከላከላል::	1.እውነት 2. ሀሰት	
402	ሉፕ(በማህጸን የሚቀመጥ የወሊድ መከላከያ) የአባላዘር በሽታን ይከላከላል::	1. እውነት 2. ሀሰት	
403	ሉፕ(በማህጸን የሚቀመጥ የወሊድ መከላከያ) የግብረስጋ ግንኙነት ወይም ፍላጎት ላይ ተጽዕኖ ይኖረዎል::	1. እውነት 2. ሀሰት	
404	ሉፕ(በማህጸን የሚቀመጥ የወሊድ መከላከያ) የካንሰር በሽታን አያስከትልም	1. እውነት 2. ሀሰት	
405	በክንድ ቆዳ ውስጥ የሚቀበር የወሊድ መከላከያ	1. እውነት	

	ከ 3-5 አመት እርግዝናን ይከላከላል::	2. ሀሰት	
406	ቆዳውስጥየሚቀበርየወሊድመቆጣጠሪያየግብረስጋግንኙነትላይ ተጽዕኖአለው::	1. እውነት 2. ሀሰት	
407	ቆዳውስጥየሚቀበርየወሊድመከላከያከወጣበኃላወድያውኑማርገ ዝይቻላል::	1.እውነት 2. ሀሰት	
408	ቆዳውስጥየሚቀበርየወሊድመከላከያለማስገባትናለማስወጣትአነ ስተኛቀዶጥገናያስፈልጋል	1.እውነት 2. ሀሰት	

ክፍልአምስት፡-ስለ ረጅም ጊዜ የሚያገለግሉ ወሊድ መከላከያ ዘዴዎች የተሳተፊዋ አመለካከት

ኮድ	ጥያቄዎች	ለጥያቄውመልስሊሆን የሚችለው	ወደቀጣይእለፍ
501	በክንድ ቆዳ ስር የሚቀበረውን መጠቀም የተዛባ የደም መፍሰስ አያስከትልም::	1.እስማማለሁ 2.እርግጠኛ አይደለሁም 3. አልስማማም	
502	ሉፕ በሚገባበት ወቅት የግል ሁኔታና ሚስጢርን አያጋልጥም::	1.እስማማለሁ 2.እርግጠኛ አይደለሁም 3. አልስማማም	
503	ሉፕ በማእህፀን ከተቀመጠ በኃላ ወደ ሌላ የሠውነት አካል ውስጥ አይዛመትም (አይዘዋወርም)::	1.እስማማለሁ 2.እርግጠኛ አይደለሁም 3. አልስማማም	
504	ሉፕ መጠቀም የተለመደ እንቅስቃሴዎችን ማድረግ አይገድብም::	1.እስማማለሁ 2.እርግጠኛ አይደለሁም 3. አልስማማም	
505	በክንድ ቆዳ ስር የሚቀበረው ሲገባና ሲወጣ የተጋነነ ህመም አይኖርም::	1.እስማማለሁ 2.እርግጠኛ አይደለሁም 3. አልስማማም	
506	እንደ እኔ በክንድ ቆዳ ስር የሚቀበረው ከገባ በኃላ በሌላ የሰውነት አካል ውስጥ	1.እስማማለሁ 2.እርግጠኛ	

	አይዛመትም (አይዘዋወርም)::	አይደለሁም 3. አልስማማም	

ክፍልስድስት፡-የዘመናዊ የወሊድ መከላከያ ዘዴ እና ስለረጅም ጊዜ የሚያገለግሉ ወሊድ መከላከያ ዘዴዎች የተሳተፊዋ አጠቃቀም

ኮድ	ጥያቄዎች	ለጥያቄው መልስ ሊሆን የሚችለው	ወደቀጣይ እለፍ
601	ዘመናዊ የወሊድ መከላከያ ዘዴ ተጠቅመው ያውቃሉ?	1.አዎ 2.አላውቅም	
602	የትኛውን የወሊድ መከላከያ ዘዴ ተጠቅመው ያውቃሉ? (ከአንድ በላይ መልስ መስጠት ይቻላል)	1.ፒልስ 2.መርፌ 3.በክንድቆዳስርየሚቀበር 4.ሉፕ 99.ሌሎች_____	
603	አሁን የትኛውን የወሊድ መከላከያ ዘዴ እየተጠቀሙነው?	1.ፒልስ(የሚዋጥእንክብል) 2.መርፌ 3.በክንድቆዳስርየሚቀበር 4.ሉፕ(በማህጸንየሚቀመጥ) 99. ሌሎች_____	
604	አሁን እየተጠቀምሽ ስላለው የወሊድ መከላከያ ዘዴ መረጃ ከየት ሰማሽ?	1. ከመንግስትጤናተቋማት 2. ከግልሆስፒታል፣ክሊኒክ 3. ከመድሀኒትቤቶች 4. መንግስታዊካልሆኑተቋማቶች 99. ሌሎች_____	
605	ለምን ያህል ግዜ የወሊድ መከላከያ ዘዴውን ተጠቀሙ?	1. ከ1 አመትበታች 2. ከ1-3 አመት 3. ከ3 አመትበላይ 99. ሌሎች_____	
606	ከአንድ ወሊድ መከላከያ ወደ ሌላ ቀይረው ያውቃሉ ?	1.አዎ 2. አላውቅም	አላውቅምከሆነ ወደ ጥያቄ ቁጥር 609 እለፉ

607	መልስዎ አዎ ከሆነ ከየትኛው ወሊድ መከላከያ ወደ ምን ወሊድ መከላከያ ቀየሩ?	1.ከረዥም ጊዜ ወደ ረዥም ጊዜ የወሊደ መከላከያ 2.ከረዥም ጊዜ ወደ አጭር ጊዜ የወሊድ መከላከያ 3.ከአጭር ጊዜ ወደ ረዥም ጊዜ የወሊድ መከላከያ 4.ከአጭር ጊዜ ወደ አጭር ጊዜ የወሊድ መከሊከያ	
608	መልስዎ አዎ ከሆነ የወሊድ መከላከያ ለምን ቀየሩ? (ከአንድ በላይ መልስ መስጠትይቻላል)	1.የመጀመሪያውስላልተመቸኝ 2.ስለፈለኩኝ 3.የበፊቱስለላሌ 4.የጎንዮሽጉዳትስላስከተለብኝ 5.የረጅምጊዜመከላከያለመቀየር 6.የባለሙያምክርስላስቀየረኝ 7የጓደኛተጽእኖ 99. ሌሎች_____	
609	መልስዎ 606(7, 8) አይደለም ከሆነ ለምን?	1.የተሳሳተአመለካከት 2.የአጭርጊዜበመፈለግ 3.የተጓዳኝጉዳትንበመፍራት 4.በህክምናሁኔታየተከለከለ 5.መሀንነትንበመፍራት 99. ሌሎች_____	

ስለተሳትፎዎ አመሰግናለሁ!!!

Annex III. English version questionnaire focus group discussion guide (FGD)

Introduction

First of all I would like to extend my gratitude to all of you for being willing to come here and participate on this discussion. My name is---------- and I came from Addis Ababa University to conduct a research on long acting family planning methods utilization and associated factors among married reproductive age women. Thus, the purpose of this group discussion is to assess your overall knowledge and attitude about long acting family planning and birth spacing.

For the sake of accuracy and efficiency, we will take notes and tape record, unless any one has any objections. In this group everybody should feel free to talk. Each and every opinion is important and wanted. In this group there are no rights or wrong answers.

Even though your participation is important for this study, you have the right to refuse to answer any questions and to end the discussion at any time if you find it necessary to do so.

Location of Discussion----------

Date of Discussion----------Time started----------Timed finished----------

Moderator's Name----------

Assistant Moderator (note taker's) name----------

Number of Participants----------

1. Introduction of Participants:
    a. Ask participants to specify their age, marital status, profession, educational level, length of residence in study community, nick name that they would like to be called.

    b. Any questions before we start?
2. Perceptions about LAFP

Now, let us talk more about some of the family planning methods.

a. Can you describe IUCD to me? What are the advantages of using an IUCD? What are the disadvantages? To what extent does IUCD prevent pregnancy? How does this method compare to a method like the pill or condom? Under what circumstances should a couple consider using an IUCD?

b.Can you describe the implant or Norplant to me? What are the advantages of using an implant or Norplant? What are the disadvantages? To what extent does an implant/Norplant prevent pregnancy? How does this method compare to a method like the pill or condom? Under what circumstances should a couple consider using an implant or Norplant?

3. Contraceptive Decision Making

a. In this locality, if a couple wants to do something in order to postpone a pregnancy, how would they go about making that decision? [PROBE: couple discussion? Role of friends and family members?Role of health service providers?]

b. How about if a couple wants to do something in order not to have any more children, how would they go about making that decision? [PROBE: couple discussion? Role of friends and family members?Role of health service providers?]

c. What would make it easier for a couple to discuss family planning and make a decision regarding use of family planning methods? [PROBE: What does a woman need to make this happen? What does a man need to make this happen?

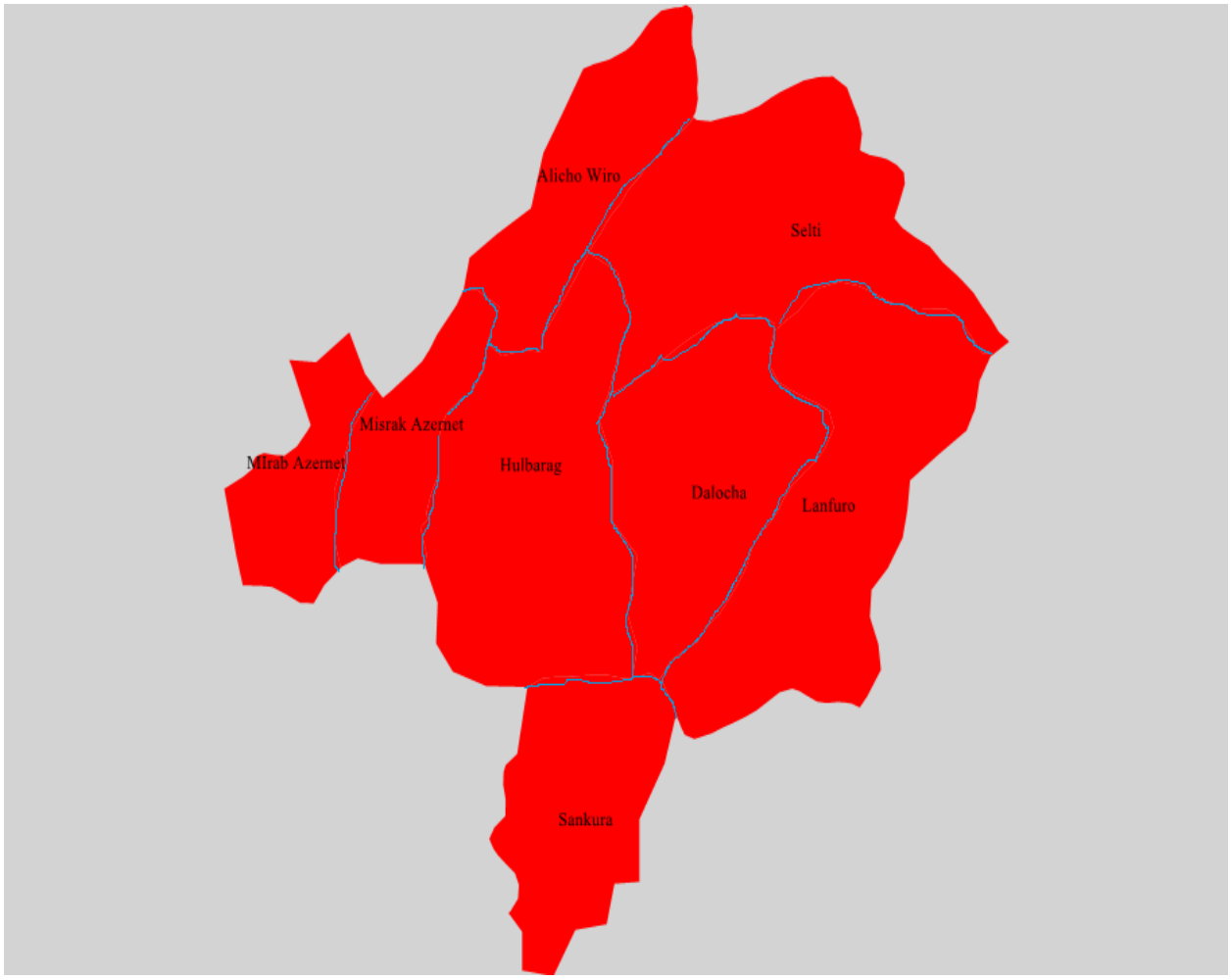
d. What makes it difficult for couples in this community to discuss the use of long acting family planning methods?

4. Wrap up

a. Is there anything else that you would like to tell me about any of the issues that we have discussed so far?

Thank the participants for their time and contribution!!!

Map of Silte Zone



Approval by the Board of Examiners

This thesis by Biruk Assefa is accepted by the Board of Examiners as satisfying thesis requirement for the Degree of Masters in Maternity and Reproductive Health Nursing.

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Declaration

I, the undersigned, declare that this thesis is my original work, has not been done for a degree in this or any other university and that all sources of materials used for the proposal have been fully acknowledged.

Principal investigator: Biruk Assefa (BSC)

Signature: _____Date_____

Name of institution: Addis Ababa University

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

Name of advisors:	Signature	Date
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Signature Date

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