



ADDIS ABABA UNIVERSITY  
COLLEGE OF HEALTH SCIENCE  
SCHOOL OF PUBLIC HEALTH

**ASSESSMENT OF MODERN CONTRACEPTIVE USE AND  
ASSOCIATED FACTORS AMONG REGULAR  
UNDERGRADUATE STUDENTS, WACHEMO UNIVERSITY,  
SNNPR, ETHIOPIA: INSTITUTION BASED SURVEY**

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## **ABBREVIATION AND ACRONYMS**

CPR-	Contraceptive Prevalence Rate
MCPR -	Modern Contraceptive Prevalence Rate
STI -	Sexually Transmitted Infections
AOR-	Adjusted Odds Ratio
COR-	Crude Odds Ratio
EDHS-	Ethiopian Demographic and Health Survey
MOH-	Ministry of Health
EPIDATA-	Epidemiological DATA
SPSS-	Statistical Package for Social Science
WHO-	World Health Organization

## ABSTRACT

**Background:** the global population estimated to be increased by 2.5 billion over the next 43 years, from the current 6.7 billion to 9.2 billion in 2050[1] . And Young people aged between 15 and 24 years make up 1.2 billion of the world's population [26]. Also Ethiopia is at rapid population growth, of 2.6% per year. Adolescents and young adults may experience undesirable health consequences from early unprotected sexual activity, such as unintended pregnancy, unsafe abortion, sexually transmitted infections (STIs), including HIV, and pregnancy-related mortality and morbidity. [4] **Objective of the study:** To Assess modern contraceptive use and associated factors among undergraduate students. **Methods:** Across-sectional institution based study design to assess modern contraceptive use and associated factors among regular undergraduate students in Wachemo University during the 2009 E.C. From A total of 11742 students 383 students are participated in the study using stratified random sampling method. A self-administered pre-tested questionnaire was used to collect the data and data analysis was performed using statistical package for social science version 16.0 and Epi-info version 3.5.3 .Descriptive statistics were used to summarize the data An odds ratio of 95% confidence interval for factors associated with modern contraceptive use was computed using multiple logistic regression models. A p-value of  $\leq 0.05$  was considered as statistically significant. **Result:** The overall utilization of modern contraceptive in this study was 62.6% oral contraceptive pills 65.7%, followed by condom 17.6% condom and injectable 16.5%.being in age group 20-24Year [AOR 9.347(9.509, 19.377)], discussion with friends [AOR 4.099(2.010, 8.359)], exposure for contraceptive method messages [AOR 3.753(1.848,7.618)], having boy/girlfriend [AOR 2.138(1.042, 4.387)] showed significant positive association with modern contraceptive use. **Conclusion and Recommendation:** More than a third of the respondents have history of sexual activity among which only 62.6% were ever using contraceptive method. Health providers particularly working in university clinic should give detail information about the contraceptive methods; possible side effects because respondents in this study mentioned them as reason for not intended to use contraceptive method in the future. The government and NGO`s should work on the area of disseminating reproductive health information by Establishing and promoting sexual and reproductive clubs at schools in order to increase awareness and knowledge on contraceptive methods and enhance discussion with friends which has positive impact on contraceptive use. Further studies with both qualitative and quantitative method of data collection are recommended for researchers.

# **1. INTRODUCTION**

## **1.1. BACKGROUND**

The global population estimated to be increased by 2.5 billion over the next 43 years, from the current 6.7 billion to 9.2 billion in 2050 [1]. And Young people aged between 15 and 24 years make up 1.2 billion of the world's population [26]. In Ethiopia, young people (aged 15–24) represented one of the country's largest groups, comprising about 35% of the population [26]. Also Ethiopia is at rapid population growth, of 2.6% per year. [2] These speedy populations growth cause burden on resource- limited health care settings particularly in many developing countries. Therefore, controlling population growth is an important strategy of improving living standards and the quality of life and social well-being of the people [3]. One of the most effective interventions to overcome the rapid population growth is empowering young people to make informed choices on their reproductive health including their desired Fertility. [2] The government of Ethiopia is committed to improve the health status of its youthful population. The country has prepared a national adolescent and youth health strategy 2016-2020 in line with global strategy for Women's, Children's and Adolescents' Health (2016-2030). In the next four years there will be a coordinated effort to improve access to contraceptives through strengthening adolescent and youth friendly clinic services and introducing the school health program initiative. Ethiopia will continue working to improve the health status of adolescents and youth by increasing mCPR among married youth aged 15-24 years [27]. In addition, the Ministry of Health (MOH) developed the health sector Transformation Plan of 2015, which aimed to increase the contraceptive prevalence rate (CPR) to 55%. In line with Ethiopia's FP2020 commitments this would mean reaching an additional 6.2 million women and adolescent girls with family planning services by 2020 [28]. Adolescents and young adults age category, their modest or dynamic behavior susceptible them to risky sexual behaviours may experience undesirable health consequences from early unprotected sexual activity, such as unintended pregnancy, unsafe abortion, sexually transmitted infections (STIs), including HIV, and pregnancy-related mortality and morbidity. [4, 29]

## **1.2. Statement of the Problem**

The World Health Organization (WHO) estimated that about 45% of pregnancies across the world are unplanned, unintended or unwanted, and that about half of them end in termination of pregnancy in low income countries, where more than one third of the 182 million pregnancies are unintended, of which 19% are subjected to abortion. However, 11% of these abortions are unsafe [30].

Every year in sub-Saharan Africa, about 14 million unplanned pregnancies occur, 44% of which are amongst women aged 15 to 24 [8]. There is, therefore, strong evidence that at least half of all pregnancies worldwide are unplanned, and many occur amongst university age students between 18 and 24 years [9].

Every year all over the world, the rate of unplanned pregnancies amongst students at higher educational institutions continues to increase this is in spite of the availability of free contraceptives and emergency contraceptives presented by student health centers at higher educational institutions [6].

University students are in the youth age category and are exposed to risky sexual behaviours such as unprotected sexual intercourse leading to HIV, other STIs and unwanted pregnancies. Furthermore, dropping out from school before completion which often has a significant negative impact on the lives of the individuals [5, 32, 33].

## **1.3. Rationale and Significance of the Study**

Most undergraduate students do not use modern contraceptive method that might expose them to unwanted pregnancy and other related health problems such as unsafe abortion and its consequences and dropout of their Education as well.

Concerning this issue however, few studies have been conducted in senior Universities. For the best of my knowledge, it has not been studied in newly built Universities like Wachemo University. The fact that newly-built universities and senior universities have different institutional strength to handle modern contraceptive and other

reproductive health need of students, understanding the extent of contraceptive use and identifying associated factors is important planning and taking action.

The result of this study will have the following significances: it will create a good insight for the policy makers, non-governmental organizations and other governmental service providers and especially to universities with the same or similar population make up. Also help for the study university as baseline information for the student clinic, gender and HIV prevention offices, and other large scale studies on similar area

## **2. LITERATURE REVIEW**

### **2.1. Sexual Behaviors of Youths**

The sexual health of youths is a matter of public concern. The adverse consequences of unsafe sexual behavior such as pregnancy and sexually transmitted infections (STIs) including HIV infection affect youths as well as adults. Risk taking behaviors are common when adolescents start being sexually intimate and are often linked with other health risk behaviors. Having sex for the first time at an early age is often associated with unsafe sex, in part through lack of knowledge, lack of access to contraception, lack of skills and self-efficacy to Negotiate contraception, having sex while drunk or stoned, or inadequate self-efficacy to resist pressure. Contraception has been identified as an effective means of combating the problems of unwanted pregnancy and unsafe abortion. It is an effective means of family planning and fertility control and therefore very important in promoting maternal and child health. In the developing world like Uganda, unwanted pregnancy, unsafe induce abortion, high fertility rates, high maternal mortality rates, sexually transmitted infections and HIV/AIDS are very serious reproductive health Problems that require urgent attention [10]. Studies have reported that the majority of the university students are at the upper end of the teenage years (17–19 years) during which they are more likely to experiment with sexual activities while lacking knowledge on sexual health and protective measures [11]

The contraceptive prevalence rate (CPR) for currently married women age 15-49 in Ethiopia is 36%, with 35% using modern methods and 1% using traditional methods. Fifty-eight percent of sexually active Unmarried women use contraceptive methods, with 55% using modern methods and 3% using traditional Methods [31]

### **2.2. Contraceptive Methods**

Contraceptive methods use is part of a family planning package. A large and empirically verified demand for contraceptive methods to space or limit childbearing exists worldwide. Currently, about 200 million women have an unmet need for modern contraception, that is, they are sexually active, want to delay or stop childbearing, and

are not using a modern contraceptives method .More than 80 million unintended (mistimed or unwanted) pregnancies occur each year worldwide, contributing to high rates of induced abortion, maternal morbidity and mortality, and infant mortality [12] The cost of averting unwanted births is little compared with the costs of unwanted births at both the family and country level. Few public health interventions are as Effective as family planning programs services and contraceptive methods) at reducing the mortality and morbidity of mothers and infants and have such a breadth of positive impacts [13]

### **2.3. Factors Affecting Contraceptive Use among Young People**

Several studies have been done in the different countries in the past to find out the factors that affect individual's use or non-use of contraceptives. Literature shows an interaction of individual, societal and reproductive health service factors affecting young people's ability to access contraception. Individual factors include: - demographic, socioeconomic, Socio-cultural factors While reproductive and sexual health services factors include: - the characteristics of the facilities, the design of services, and providers' attitudes and actions [14].

#### **2.3.1. Demographic Factors**

The demographic characteristics such as age, gender, educational status, number of living children and desire for additional children play an important role in determining the use of contraception. In addition, ethnicity, marital status, age, and gender all shape clients' experiences with family planning and reproductive health services. In some cultures, women may be unwilling to receive care from male providers, or husbands may object to having their wives see male providers, so a shortage of female providers may limit women's access to services [15]

#### **2.3.2. Socio-Cultural Factors**

In many parts of the world, women do not have the decision making power, physical mobility, or access to material resources to seek family planning services. Women's use of contraceptives is often strongly influenced by spousal or familial support or

opposition to family planning furthermore The very low level of economic development, prevalent poverty, very deprived and inadequate health services make the consequences of adolescent sexuality much more serious in the Ethiopian than that of the developed countries and this reflected by the highest HIV prevalence in the group 15-24 years 12.1% [15]

### **2.3.3. Reproductive Health Service Factors**

One of the major obstacles that young people face today is the lack of health services that work with their priorities and needs. Adult experiences and views are very different from those of young people. For information & services to effectively reach young people; youth-friendly services are needed that inspire youth to be agents of their own social & health welfare [16]

**Privacy and Confidentiality:** Clients feel more comfortable if providers respect their privacy during counseling sessions, examinations, and procedures particularly those who obtain services in secret report higher satisfaction with providers who keep their needs and personal information confidential [40].

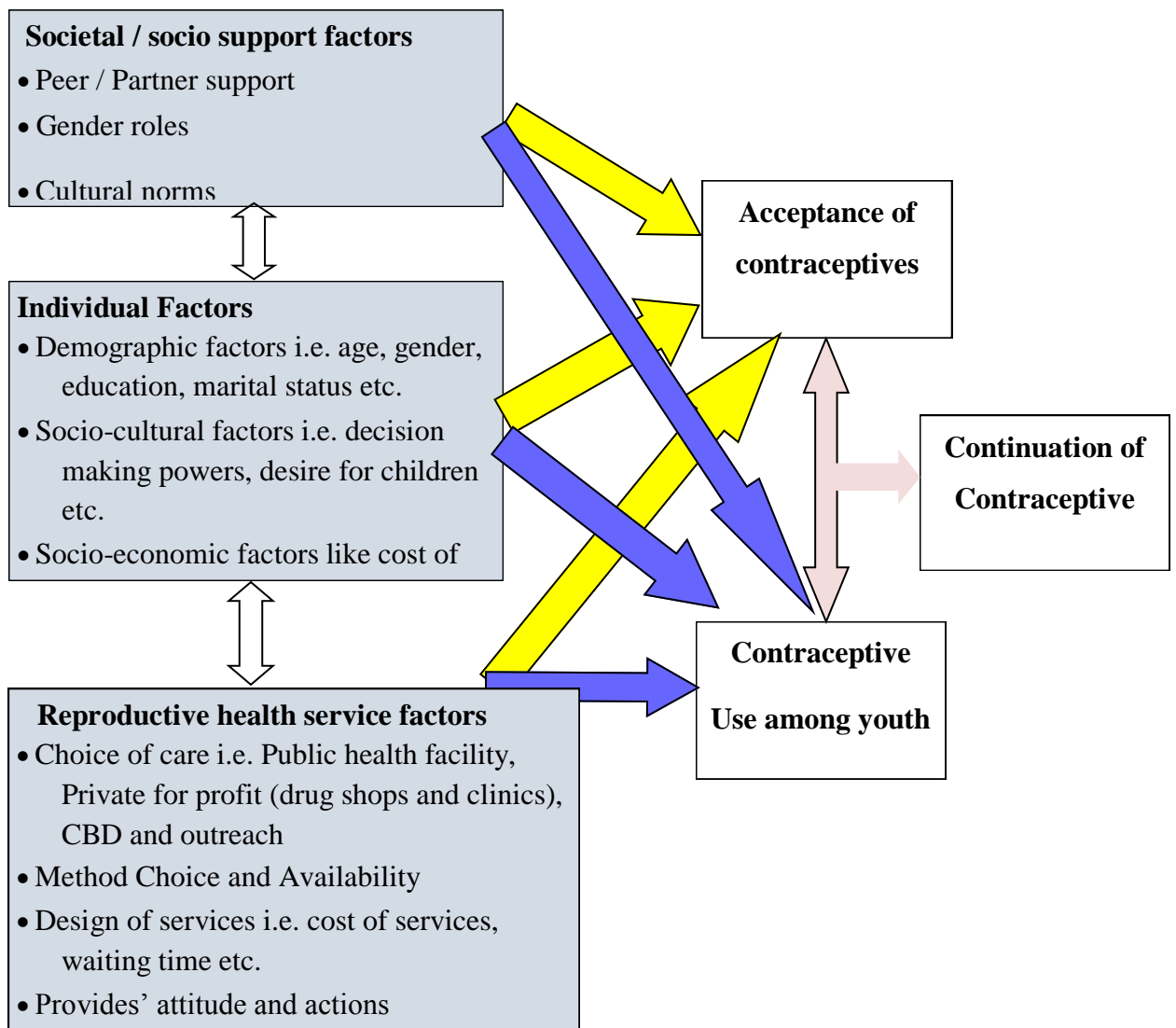
**Method Choice and Availability:** Clients want a variety of services. Providing a wide range of contraceptive methods can help clients find those that match their health circumstances, lifestyle, and preferences [41]

**Convenient Schedules and Waiting Times:** Long waiting times and inconvenient clinic hours can prevent clients from obtaining the services they need. [42].

**Information and Counseling:** Clients want to receive information that is relevant to their needs, desires, and lifestyles. Because clients differ in their reproductive intentions, attitudes about family planning, ability to make decisions, and other factors that affect contraceptive choice, they need information that is tailored to their individual needs. Clients who are well-informed and have made their choice about a contraceptive method may not want detailed information on a range of other methods. Others may want information about procedures, treatment, risks, and side effects [43].

## **2.4. Conceptual Framework**

Modern contraceptives use among youths is believed to be influenced by a complex interaction of many factors at individual, social and reproductive health service delivery levels. Individually, age, parity, education and knowledge about contraception do influence uptake of modern contraceptives. Socially; cultural norms, marital status, partner/family support, designated gender roles and the demand for bigger families influence the individual's conception choices. In addition, peer pressure; religious teachings and policy influence freedom of choice of a contraceptive method. Also, reproductive health service delivery factors such as attitudes and skills of the providers, method specific side effects, availability of methods, ease of use and access of contraceptive method do act directly or indirectly to influence uptake of contraceptive



**Figure 1 Conceptual frame work on modern contraceptive use adapted from a thesis work by Susan Barbire 2011(Date of adaption may, 2017)**

### **3. OBJECTIVE OF THE STUDY**

#### **3.1. General Objective**

- ❖ To assess the prevalence of modern contraceptives use and associated factors among regular students in Wachemo University, 2016/2017 academic year.

#### **3.2. Specific Objectives**

1. To determine the prevalence of modern contraceptive use among regular undergraduate students in Wachemo University, 2017
2. To Identity factors associated with modern contraceptive non-use among regular undergraduate students in Wachemo University, 2017

## **4. METHODS**

### **4.1. Study Setting**

The study was conducted at Wachemo University situated at Hosanna, which is the administrative town of Haddiya Zone. It is found 235 km south of Addis Ababa, the capital city of Ethiopia. The University was founded in 2012 and additional campus opened in 2016 in kembata zone, which is 60km away from the main campus. Currently 11742 students were registered on regular program for 2016/17 academic year. The university has six colleges and forty two departments .Also the University has one student clinic in the campus and one referral hospital which is about 3km away from the campus in addition the university has different clubs like anti aids club, girls club, from which students can get information on reproductive issues.

### **4.2. Study Design and Period**

Across-sectional institution based study design to assess modern contraceptive use and associated factors among regular undergraduate students in Wachemo University during the 2009 E.C (2016/2017) academic year. From September 2016 to June 2017

### **4.3. Source population**

The source population for the study is all students registered in regular program in Wachemo University for the 2016/17 academic period.

### **4.4. Study Population**

The study population for this study is all students enrolled in regular program in Wachemo University for the 2016/17 academic period whose age ranges from 18-24 and it involves from year one to year five. According to the United Nations, definition 'youth', as those persons between the ages of 15 and 24 years in our context, students are supposed to enter to University after the age of 17 and that is the reason why I opted to conduct my study between the age ranges of 18 and 24.

#### **4.5. Sample Size Determination**

The sample size was determined using the single population proportion formula:  $n = Z^2 \frac{\alpha/2pq}{(1-p)/d^2}$ . The following parameters are used to calculate sample size: absolute precision of 5%, 95% confidence interval, and 54% proportion (proportion of modern contraceptive use) that taken from study done in Madewolabu University [19]. This gave sample size of 381. Adding 10% non-response rate of the calculated sample, totally 420 students were recruited in this study.

#### **4.6. Sampling Procedure**

A stratified sampling technique was used to select respondents from the university. First students are divided in to two stratum; health and non-health colleges. Then from each college, departments and class years are selected by using simple random sampling method. A total number of Students in selected department who were registered in a regular program for the academic year 2016/2017 G.C in University registrar students list was taken as sampling frame. A total number of students registered for current Academic year, proportionally multiplied by a total number of students in selected department. From health departments health officer, midwifery, nursing and medicine are selected from each 57 students 9 were selected, from 47,7 students ,from 125,19 students and from 50,8 students were selected in respective order likewise from non-health departments English 7 out of 39 geography 13 out of 72, sociology 12 out of 66, Hadiyyisa 7 out of 40, computer science 31 out of 166, information technology 13 out of 72, civil engineering 40 out of 218, mechanical engineering 13 out of 72, public administration 11 out of 58 ,accounting 53out of 286,economics 32 out of 168 ,management 27 out of 144, Maths 8 out of 42 biology 15 out of 84, sport science 13 out of 71,chemistry 9 out of 48, food science 8 out of 42, animal science 30 out of 164, plant science 15 out of 79 and from environment science 20 out of 110 study participants selected by using simple random sampling technique from each selected departments using student list.

Total number of students 11742

First students divided in to two strata health and non -health

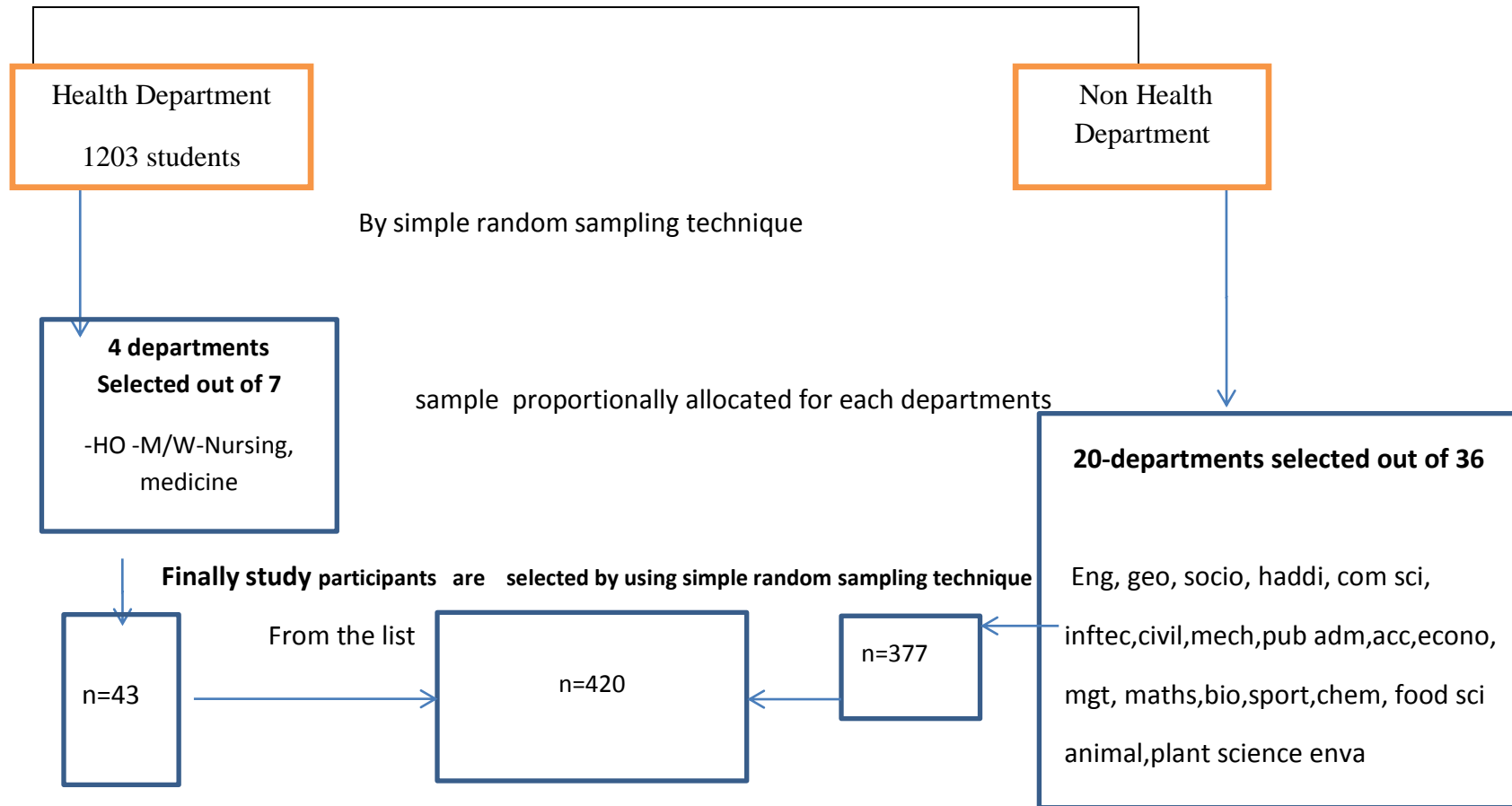


Figure 2 Schematic presentation of sampling procedure

#### **4.7. Data Collection Procedure**

A self-administered structured questionnaire adopted from different literatures was used for data collection. The questionnaire translated in to local Amharic language to make the respondents easily understand the questions.

Three diploma nurses and one Bachelor of Science (BSC) health officer were recruited for data collection and one MPH holder as supervisor and One day training was given on data collection tool and procedure. During data collection, daily follow up was made by investigator and supervisor to ensure completeness of data.

#### **4.8. Data Quality Management**

I used structured questionnaire which could have largely avoided the potential introduction of inter-data collector biases in to the study. . Pretest was undertaken on the 5% of the sample on non-sampled department of the university

Both data collectors and a supervisor were trained for one day on such issues as the techniques of data collection .The training also covered the importance of disclosing the possible benefits and purpose of the study to the study participants before the start of data collection

The researcher and supervisor visited data collectors twice a day to check whether they collect the data appropriately and held morning session with the whole team .The researcher evaluated the data during the data analysis stage to verify the completeness of the collected data discarded incomplete data before data entry. All checked data cleaned, coded to enter into Epi info software for analysis.

#### **4.9. Data Processing and Analyses**

Data were entered using EPIinfo Version 3.5.3 and exported to SPSS software package version 16 for analysis. Descriptive statistics such as frequency distribution, cross tabulation and some measure of central tendency and variability (mean and standard deviation) were computed to describe the major variables of the study and was done to see the effect of each of the independent variables on the outcome variable. Variables

which were significant in Binary logistic regression analysis at  $p\text{-value} \leq 0.05$  were entered to the multivariable analysis. Finally associations of variables with contraceptives use were declared by multivariable logistic regression analysis at  $P. \text{value} \leq 0.05$ .

#### **4.10. Ethical Issue**

Ethical clearance for the start of the study was obtained from Research Ethical Committee of School of Public health. Also, permission for the study was obtained from Wachemo University. Verbal informed consent was obtained from participants after a detailed explanation about the research, its objectives, methodologies, actual and potential benefit to the participants and various bodies. The participants were told that their failure to participate in the study were not result in any form of penalty and assured that they can quit from the study any time they want. Also the participant assured that their confidentiality will be kept. The advantages of their honest decision and response to the successful completion of the study were briefed to the participants to help them involved in the research only voluntarily

#### **4.11. Inclusion and Exclusion Criterion**

The respondents were all the registered, full-time undergraduate students from year 1 up to year 5 of study at Wachemo University. Both males and females, pregnant or non-pregnant that were willing to participate in the study were included in the study. All part-time students and students who were age  $<18$  and  $>24$  were excluded from the study.

#### **4.12. Variables**

**Dependent variable of the study:** - Modern contraceptive use

**Independent variables:** - Socio demographic characteristics, Reproductive factors, individual factors and facility related factor

#### **4.13. Standard and or Operational Definitions**

**Current users:** students who are using contraception until the day of interview.

**Ever users:** students who have used contraceptive some times in the past but have discontinued during the time of the survey.

**Never user:** students who has never used contraception till the day of survey

**Unwanted pregnancy:** is pregnancy that has occurred after a woman already had the desired number of children and she doesn't want to have any more children.

**Modern contraceptive Methods:** female sterilization, Male sterilization, the pill, the intrauterine device (IUD), injectable, implants, condom and diaphragm/ foam/jelly

**Sexually active:** having a previous history of vaginal sexual intercourse.

## **5. RESULT**

### **5.1. Socio-Demographic Characteristics of Respondents**

Out of 420 sampled students the response of 36 students were excluded because of incompleteness of more than half of the data. And 384 students were participated in the study which give a response rate of 91.4% among which 182(47%) were female and 202(53%) male the mean age of respondents was 20 .79 years with standard deviation of 1.657. The respondents religious affiliation is dominated by Protestant 187 (48.7%) followed by Orthodox 137(35.7%), and Muslim 42(10.9) Majority of the respondents were single 182(47.4%) and 35 (9.1%) were married. The distribution of respondents by year of study indicated that 126 (32.8%) were first year, 76 (19.8%) were second year, 159 (41.1%) of them were third year, 13 (3.4%) fourth year and 10(2.6%) of the respondents were fifth year. The result also showed that 63(16.4%) of the respondents' fathers were illiterate 115(29.9%) read and write, 67 (17%) primary level of education 73(19%) first degree and above. Similarly, reports of respondents 'mothers' educational level shows that 89 (23%) illiterate 142(37%) read and write, 68 (17.7%) primary level of education, 33(8.6%) were first degree and above

**Table 1. Socio demographic characteristics of study participants of Wachemo university, SNNPR, Ethiopia, June, 2017G.C (n=384)**

<b>Current Residence</b>	In the university	363	94.50%
	Out of the university	21	5.50%
<b>Address before</b>	Rural	169	44%
	Urban	215	56%
<b>College</b>	Medicine and health	98	25.50%
	Agriculture	32	8.30%
	Engineering and technology	99	25.80%
	Natural science	16	4.20%
	Social science	29	7.60%
	Faculty of business and economics	110	28.60%
	<b>Ethnic origin</b>	Sidama	14
	Wolyta	39	10.30%
	Kembata	39	10.30%
	Haddiya	99	26.30%
	Gurage	19	5.00%
	Gamo	16	4.20%
	Amhara	74	19.60%
	Oromo	48	12.70%
	Tigre	3	8%
	Other	26	6.90%
	Total	377	98.20%
<b>Partner/husband occupation</b>	Farmer	10	5.30%
	Student	92	49.20%
	Government employee	52	27.80%
	Merchant	15	8.00%
	Jobless family dependent	5	2.70%
	Other	13	7.00%
	Total	187	48.70%

### **5.1.1. Sexual Experiences of Respondents**

Of all sexually active the respondents, 163 (42.4%) reported that ever had sex 86(52.7%) were male 77(47.2%) were female Out of those that had sexual experience, 114 (70%) said they had sex in the past one year. The mean age at first sex was found to be 16.59. The main reasons for initiating first sex were related to personal desire 73(44.7%), peer pressure 11 (6.7%) and rape 5(3%), within marriage 24(14.7%) The result also showed that 97 (59.5%) of the sexually active students in the past one year had one sexual partner and 61(37.4 %) them had more than one Sexual partner. Of the total sexually active respondents, 36 (22%) had unplanned sex. From respondents who had sex, 14 (8.5%) of the respondents were drunk when they had sex. out of the total sexually experienced respondents, some respondents 15 (9.2%), have reported unwanted pregnancy among them 10(6.1%), of them experienced induced abortion.

### **5.1.2. Respondents Information on knowledge and Contraceptives Methods**

Among all the respondents 313(81.5%) have heard about contraceptive methods. Of those respondents who have heard about contraceptives, 208 (54.2%) reported that they have known where to get if they wanted.

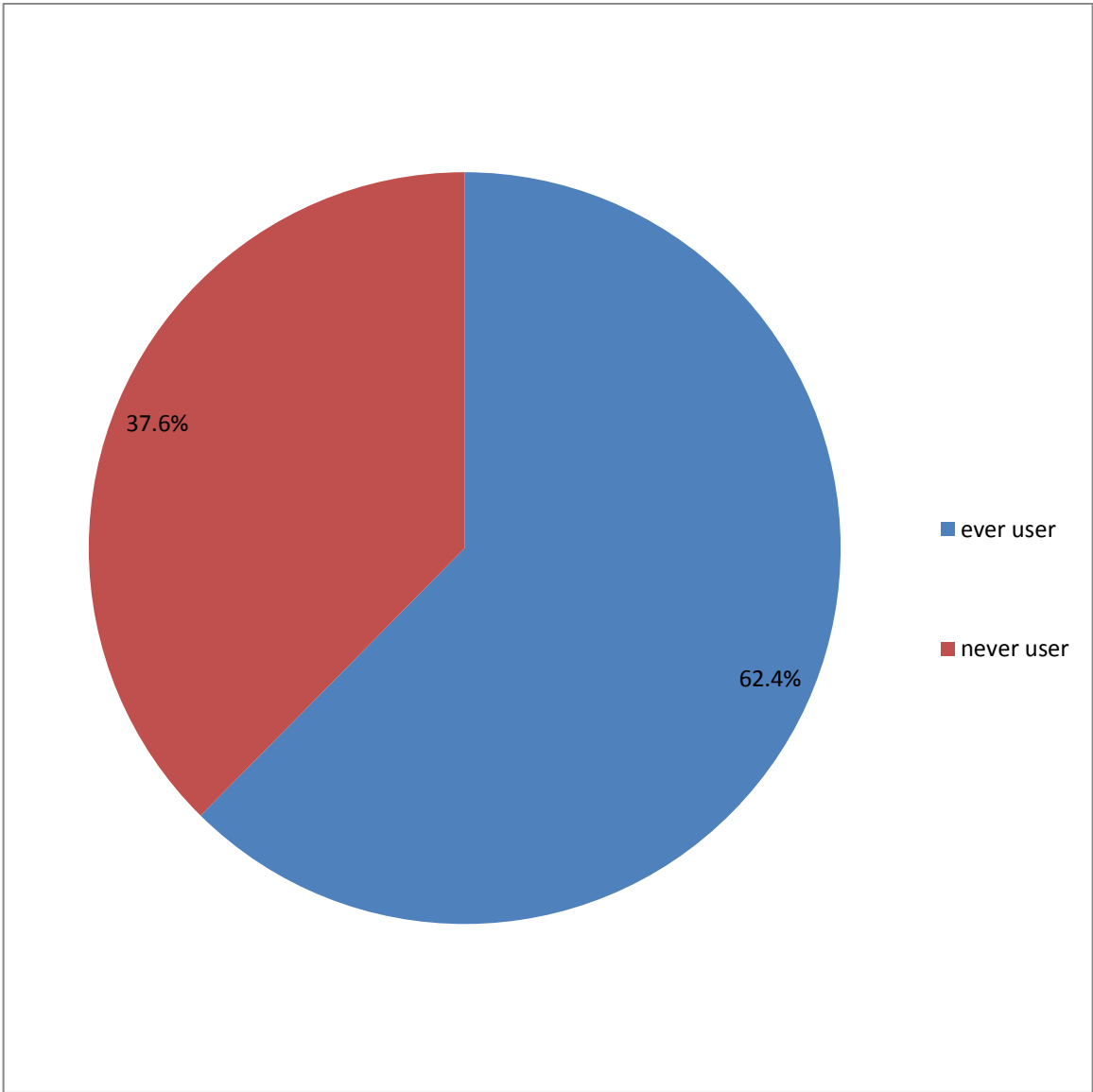
Regarding preferred source of information about contraceptive methods, Schools 66 (40.4%),) friends 47(29%) and university clinic 38(23%) are the most reported preferred source of information and government hospital 25 (24.5%), university clinic 33(32.3) and youth club 15(15%) were the three frequently named sources of contraceptives utilization for respondents in their respective orders.

### **5.1.3. Contraceptive Use and attitude of Respondents towards Contraceptive Methods**

Use of contraceptive methods among the respondents 102 (62.6%) ever use contraceptive methods of which 45(44%) were female and 57(56%) were male. 71(69.%) use contraceptive for the last time they had sex among them 18(17.6%) used condom, 67(65.7%) oral contraceptive 17(17%) used injectable. The main reason they used contraceptive was 57(68.7) for prevention of unwanted pregnancy, 12(14.5%) for spacing, 5(6%) prevention of STI 1(1.2%) for medical purpose.

Majority of the respondents 181, (64.2%) reported that that they discuss the issue of using contraceptive with their friends and only 25, (24.5%) reported they did not discuss. A majority of the respondents 208(54.2%) have reported that contraceptives are important for couples who are not ready to child birth, 90 (23.4%) the respondents have reported contraceptives as harmful and 57 (10.3%) reported not important for adolescents

From the total participants, 148 (38.5%) of them reported that they do not approve use of contraceptives by youth and 233 (60.7%) them approve use of contraceptive by youth. Regarding the couple's responsibility to use contraceptives, 261(68%) of the respondents have reported that it is the responsibility of partners, 77 (20.1%) female partner and 17 (4.4%) male partner.100(26%)of the respondents has intension to use in the future and 100,(26.%) responded that they are not intended to use. the main reason for not intended to use fear of side effect 115,(52.8%), no regular partner 32,(14.7%) lack of knowledge about the methods, 43(19.7%) are the three frequently mentioned reasons among respondents.



**Figure 3 Percentage of ever user and never user of contraceptive method among sexually active students in Wachemo university, SNNPR, 2017G.C**

#### **5.1.4. Binary Logistic Regression Analysis**

The result of Binary logistic regression analysis showed that respondents who were age from 20-24 years old were 2 times more likely to utilize contraceptive than their lower age counterparts [COR= 1.679 (95% CI, 1.044, 2.702)], student in senior class third to fifth had higher odds of contraceptive utilization when compared with lower class first and second year [COR= 1.887 (95% CI 1.186, 3.002)], students who were married were 5 times more likely to utilize contraceptives compared with Students who were single [COR=5.288(2.406,11.625)], Students who had boy or girl friend had higher odds of using contraceptive compared to their single counterparts [COR=3.686(2.149, 6.322)], also students who were separated were 4 times more likely to utilize contraceptive methods [COR=4.187(1.103, 15.889)] Students who had heard about contraceptive methods had higher odds of contraceptive utilization than their never heard counterparts [COR=5.192(3.112,8.661)], students who were discussed about contraceptive with friends were 3 times more likely to utilize contraceptive than students never discussed. [COR=2.936(1.454,5.928)], students who knows where to get contraceptive when they need were higher odds of utilization of contraceptive method compared with students who did not know where to get [COR=2.936(1.454, 5.928)] ,students in health departments utilize two times higher than students in non-health departments [AOR=1.832(1.159,2.896) in binary logistic regression analysis.

**Table 2. Association of demographic, sexual activity, and reproductive health service factors on contraceptive use among students of Wachemo university, (n=163), April 2017, G.C**

Characteristics	Had used	Had not used	COR	AOR
	<b>18-19</b>	36	36	
	20-24	66	25	1.679(1.044,2.702)* 8.466(4.614,15.532)**
<b>Gender</b>	F	45	32	1
	M	57	29	1.256(0.141,11.202)
<b>Class year category</b>	1 <sup>st</sup> -2 <sup>nd</sup>	58	39	1
	3 <sup>rd</sup> -5 <sup>th</sup>	44	22	1.887(1.186,3.002)*
<b>Residence before joining university</b>	rural	52	36	1
	Urban	50	25	1.171(.7401,.852)
<b>Department</b>	Non health	61	12	1
	health	41	15	1.832(1.159, 2.896)* 1.831(.941,3.562)
<b>Marital status</b>	Single	28	70	1
	Widowed	1	1	1.25 (0.141, 11.202)
	Separated	3	1	4.187 (1.103, 15.889)* 3.433(.739,15,945)
	Divorced	2	0	4.187 (0.666, 26.317)
	Has boy/girlfriend	52	28	3.686(2.149,6.322)* 2.138(1.042,4,387)**
	Married	16	19	5.288(2.406,11.625)* 2.365(.759,7.373)
	<b>No</b>	49	29	1
	Yes	53	32	5.192(3.112,8.661)* 3.753(1.848,7.618)**
<b>Discussed with Friends</b>	No	19	14	
	Yes	56	13	2.936(1.454,5.928)* 4.099(2.010,8.359)**
<b>Who do you think responsible for practice of contraceptive method</b>	female	14	5	1
	male	3	1	1.272(.397, 4.077)
	both	64	21	1.119(.623,2.010,)
	<b>1-3 methods</b>	4	6	1
	4-6 methods	8	16	1.927(.803,4.628)
	7-9 methods	56	4	2.930(18.918, 97.420)* .726(.220,2.395)
	10-13 methods	34	1	79.500(25.088,251.923)* .210(.044,1.003)
<b>Do you know where to get contraceptive methods when needed?</b>	No	46	47	1
	yes	56	14	2.936(1.454,5.928)* 1.172(.521,2.635)
	<b>No</b>	54	50	1
	Yes	48	11	.935(.585,1.492)
<b>Do you think health providers are friendly?</b>	No	58	51	1
	yes	44	10	1.139(.709,1.828)

### **5.1.5. Multivariable Logistic Regression Analysis**

Multivariable logistic regression analysis was carried out to see whether the outcome variable is statistically significantly associated with variables which have association at bi variable logistic regression analysis. As table shown below, multivariable logistic analysis found four predictors of contraceptive utilization among students. Students whose age 20-24 were eight times senior more likely to utilize contraceptive than those who were age 18-19 years years counterparts [AOR = 8.466 (95%CI 4.614, 15.532)]. Students who had boy or girl friend had higher odds of using contraceptive [AOR =2.138(CI 1.042, 4.387)] compared to students who never married. Multivariable logistic model also found significant association of contraceptive utilization among students who were heard about contraceptive four times more likely utilize contraceptive than those not heard any [AOR=3.753(95%CI 1.848,7.618)], students who discussed about contraceptives with friends utilize 4 times more than from who were not discussed about contraceptive methods.

## 6. DISCUSSION

The current study was carried out among University students with the main objective of assessing the prevalence of modern contraceptive use and factors that set to influencing its use.

This study revealed that (42.4%) were, sexually active and of whom more than two third (70%) had history of sex in the previous one year. This finding is in line with a study done at Jimma University [19] in which (39.9%) students were sexually active, and in Madewolabu university (40.3%) of the respondents were sexually active[20] However, this figure is inconsistent with the report that came out of a study done Uganda which found that 70% of students were sexually active , 80% from Madagascar , study done in south Africa which found that 65.7% were sexually active and The study at Addis Ababa on college students indicated as 60% of them were sexually active[41,42,,44] . This difference may be due to cultural back ground and geographical location of the study subject that might affect disclosure of sexual activity.

Regarding contraceptive utilization ,The study identified that among sexually active students nearly two third (62.6%) were using any types of contraceptive methods this finding is in agreement with the study conducted at Hawassa university [22] which found 67% of sexually active respondents ever used modern contraceptive methods, And higher than study done in dila[23] university which found contraceptive use (20.9), and Lower than study conducted at Jimma which found out that among sexually active students 80.5% were using any types of contraceptive methods [24]

The possible explanation for this difference could be the respondents sex difference that the respondents in dila were only female there might be under reporting of sexual activity and contraceptive use , difference in institutional strength regarding service provision and awareness creation activity.

We also found that the most common reasons for not using any contraceptive methods were fear of side effects and religious beliefs this is consistent with study done in jima teachers training college [24], And inconsistent with study done in bahirdar reported that the use of contraceptives, especially condoms, decreases sexual pleasure [25].

our study discussion with friends found to be as positive predictor of contraceptive use this is consistent with study done in Dila University. [23] Also students whose age category 20-24 years. Students who had boy/girlfriends and students who heard about contraceptive methods have found to be associated with contraceptive use.

## **7. LIMITATION OF THE STUDY**

The study was conducted only by quantitative method based on response of participants using self-administered questionnaire as the data collection instrument addressed a number of questions that it may be possible that they did not precisely respond concerning the use of contraceptives and sexual activity. Memory lapse, as respondents may not have remembered all the details of their contraceptive use, may have led to recall bias. Our results might not be generalized to senior universities because of institutional difference which can affect student's attitude and use of contraceptive methods

## **8. CONCLUSION AND RECOMMENDATION**

This study found that 42.4 % of respondents sexually active and more than one third of sexually active students do not use contraceptive methods. The main reason that respondents mentioned for not intended to use were fear of possible side effects, religious prohibition, and lack of knowledge, in multivariate logistic regression analysis discussion with friends about contraceptive ever heard about contraceptive , being age category 20-24 and having boy/girlfriend found to be positive predictor of contraceptive use. So we recommend that: -

- **Health providers** particularly working in university clinic should give detail information about the contraceptive methods; possible side effects since respondents in this study mentioned that reason for not intended to use contraceptive method in the future.
- **The government and NGO`s** should work on the area of disseminating reproductive health information by Establishing and promoting sexual and

reproductive clubs at schools in order to increase awareness and knowledge on contraceptive methods and enhance discussion with friends which has positive impact on contraceptive use

- **Further studies** with both qualitative and quantitative method of data collection are recommended for research

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## **ANNEX 1 Information sheet**

Greeting: Good morning/afternoon!

Hello. My name is ----- . I am data collector for master of public health student project in Addis Ababa University. I am conducting a study with the aim of assessing utilization of modern contraceptive methods and factors associated with nonuse among university students

The information I collect will help to your university and the government at large to plan based on the study finding. Now you are randomly selected for the survey.

The questions usually take about 15 to 20 minutes.

Objective of the study: assessing utilization of modern contraceptives methods and associated factors

Benefit of the study: The participants will have long and short term benefits. The long term benefit would be, the result of the study will be useful to increase utilization of modern contraceptives which could be very beneficiary for the participants and also for the overall university students the short term benefit would be the study participants will get an insight about modern contraceptive methods after data collection.

Risk of the study: Participating in this study will not have any risk or harm.

Rights of Participants: You have full right either to Participate or decline participation in this study as participant. You may respond to all the questions or you may not answer to questions you don't want to and you may end the interview at any time you want. You can ask any question which is not clear for you. Confidentiality: Any information forwarded will be kept confidential and names will not be written or specified.

## ANNEX 2 Informed Consent Form

Greeting: Good morning/afternoon

My name is -----i am moderator this is a study done by Bereket G/yohannes a student in Addis Ababa University, study has an objective of assessing utilization of modern contraceptive methods and associated factors among university students

Participating in this study has no any risk. Your name will not be written. You may not answer any questions that you don't want to answer and you may end this interview/discussion at any Time you want. At the same time we would like to appreciate you're voluntarily Participation in the study after a thorough understanding of the information given to you.

I have read this form or it has been read to me in the language i comprehend and understand all

Conditions stated above.

Are you willing to participate in this study?

1- No (say thank you) 2- Yes (continue interviewing)

Name of principal investigator: Bereket G/yohannes

Cell phone No - 0911789681

E-mail: Bereket.g2010@gmail.com

Name of study facility.....

Name of interviewer\_\_\_\_\_ signature\_\_\_\_\_Date of interview  
(Ethiopian calendar) \_\_\_\_\_

## ANNEX1 3 English Version Questionnaire

### Part I Socio-Demographic Information

Code.	Questions	Response Category	Skip to
101	Where is your residence now?	1. In the university-----1 2. Outside the university-----2	
102	Place of residence before joining the university	1. Rural-----1 2. Urban-----2	
103	What is your age (in years)?	1. ____ enter age in completed year	
104	What is your religion?	1. Protestant-----1 2. Orthodox Christian-----2 3. Muslim-----3 4. Catholic-----4 5. Others Specify .....5	
105	What is your current marital status?	1. Married-----1 2. Widowed-----2 3. Separated-----3 4. Divorced-----4 5. have boy /girlfriend-----5 6. other specify-----6	
106	How many living children do you have?	----- enter the number of children	
107	What is your Faculty?	1. college of health and medicine-----1 2. college of agriculture-----2 3. college of engineering and technology-----3 4. college of natural science-----4 5. college of social science-----5 6. college of business and economics-----6	
108	What is your current year of education?	Year I-----1 Year II-----2 Year III-----3 Year IV-----4 Year V-----5	
109	What is the level of your father's	1. Illiterate-----1 2. Reads and Writes-----2 3. Some or Completed Elementary Education-----3 4. Some or Completed Secondary Education-----4 5. 12 plus 1 to 2 years training-----5 6. First degree and above-----6 7. Do not know-----7	

110	What is the level of your mother's education?	1. Illiterate-----1 2. Reads and Writes-----2 3. Some or Completed Elementary Education-----3 4. Some or Completed Secondary Education-----4 5. 12 plus 1 to 2 years training-----5 6. First degree and above-----6 7. Do not know-----7	
111	What is the level of your husband or partner education	1. Illiterate-----1 2. Reads and Writes-----2 3. Some or Completed Elementary Education-----3 4. Some or Completed Secondary Education-----4 5. 12 plus 1 to 2 years training-----5 6. First degree and above-----6 7. Do not know-----7	
112	Ethnic origin	1 Sidama -----1 2 Wolaita -----2 3 Kambata -----3 4 Hadiya -----4 5 Gurage -----5 6 Gamo -----6 7 Amara-----7 8 Oromo -----8 9 Tigre -----9 10 other specify----- 10	
113	Husband or partner occupation	1 Farmer -----1 2 student-----2 3 Government employee-----3 4 Merchant-----4 5-Job less [family dependant] -----5 6. other speci-----6	
114	Monthly income in Ethiopian Birr	.....Birr in month	
115	Sex	1 female-----0 2 male-----1	

Part II sexual experience and related

201	Have you ever had sex?	1.Yes-----1 2.No-----0	If "No" Skip to part III
202	What was your age when you have your first sex?	_____enter age in completed year	
203	How did you start sexual intercourse?	1.In a marria-----1 2.Personal desire--2 3.Peer pressure----3 4.Forfinancial purpose-----4 5.Rape-----5 6.other Specify ----- 6	
204	Did you have sexual intercourse in the past 12 months?	1.Yes-----1 2. No-----0	If no skip to part III
205	If "yes" question 204, how many sexual partners did you have in the past 12 months?	-----enter number of sexual partner	
206	If "yes" question 204, have you ever had unplanned/unintended sex in the past 12 months?	Yes-----1 No-----0	
207	If "yes" question 204, have you/your partner ever been drunk while having sex in the past 12 months?	Yes-----1 No-----0	
208	If "yes" question 206, did you have unintended pregnancy in the past?	1.Yes-----1 2. No-----0	
209	If "yes" question 208, have you had abortions in the past? (pregnancy of less than 7 months)	1.Yes-----1 2. No-----0	

**Part III Knowledge of Contraceptives methods**

Ques Code	Questions	Response Category	Skip to
301	Have you ever heard of any methods of preventing pregnancy?	1. Yes-----1 2. No-----0	
302	What type of methods of preventing pregnancy do you know? (Circle all that you know)	1. Abstinence from sex-----1 2. Coitus interrupts/ Ejaculating outside--2 3. Pills-----3 4. Condoms-----4 5. IUCD-----5 6.Implants-----6 7. Injectable-----7 8. Emergency contraception-----8 9. Menstrual calendar method/ Safe period-----9 10.Vasectomy(malesterilizatio-----10 11.Tuballigation(femalesterilization)-----11 12.Breastfeeding-----12 Othersspecif-y-----13	
303	If “yes” to question 302, from whom or where, have you heard the information about methods preventing pregnancy? (More than one answer is possible)	1. Radio-----1 2.TV-----2 3 Newspapers/magazines-----3 4. Friends-----4 5. Family-----5 6. School education-----6 7. University clinic-----7 8. Youth clubs-----8 9. other -----9 Specify	
304	How do you think oral contraceptive pills should be taken to prevent unintended pregnancy?	1. One pill daily from one menstrual cycle to the next-----1 2. One pill every other day -----2 3. One pill following sexual Intercourse --3 4 Do not know -----4 5. Other specify... -----5	
305	How do you think injectable contraceptive should be taken to prevent unintended	1. One injection ever three month during menstruation-----1 2. One injection every 6 month.----- 2 3. One injection following sexual	

	pregnancy?	intercourse -----3 4 Do not know -----4 5. Other specify----- 5	
306	From whom or where do you prefer to have information about methods preventing pregnancies? (More than one answer is possible)	1.Radio-----1 2.TV-----2 3.Newspapers/magazines-----3 4. Friends-----4 5. Family-----5 6. School education-----6 7. University clinic-----7 8. Youth clubs-----8 9.other Specify -----9	
307	Do you know where to get contraceptive methods if you want?	1. Yes-----1 2. No-----0	If “no” skip to Part IV
308	Tick source of methods of preventing pregnancy you know. (More than one answer is possible)	1. Government Health Center-----1 2. University Clinic-----2 3. Government Hospital-----3 4. Private hospital/ Clinic-----4 5. NGO Clinic-----5 6. Youth Centers-----6 7. Any open Market-----7 8. Shops-----8 9. Other specify -----9	

## Part IV Attitude towards Contraceptive Methods

ques Code	Questions	Response Category	Skip to
401	Would you like to know more about methods of preventing pregnancy?	1. Yes-----1 2. No -----0	If 'no' Skip to Part V
402	Do you discuss about methods of preventing pregnancy with your friends?	1. Yes-----1 2. No-----0	
403	Which of the following best describe your feeling about Methods of preventing pregnancy?	1. Contraceptives are harmful for Health-----1 2. Contraceptives are not very Important-----2 3. Contraceptives are not as important as some people say-----3 4. If two people are having sex and are not ready to have a child it is very important that they use contraceptives-----4 5. Students do not need contraceptive even though they are sexually active--5 6. Others specify-----6	
404	Do you approve use of modern methods of preventing pregnancy by youth?	1. Yes-----1 2. No-----0	
405	Who do you think should take responsibility to practice methods of preventing pregnancy?	1. Female partner-----1 2. Male partner-----2 3. Both partners-----3	

**Part v contraceptive practice and related**

queCode	Questions	Response Category	Skip to
501	Have you ever used methods of preventing pregnancy?	1. Yes-----1 2. No-----0	If “no” skip to question 511
502	Did you or your partner use methods of preventing pregnancy the first time you had sex?	1. Yes-----1 2. No-----2 3. Do not remember-----3	If “no” skip to question 504
503	What method did you use the first time you had sex?	1. Pills-----1 2. Condoms-----2 3. IUD-----3 4. Norplant-----4 5. Injectable-----5 6. Emergency contraception-----6 7. Vasectomy (male sterilization)-----7 8. Tubal ligation (female sterilization)-----8 9. Standard days method-----9 10. Breast feeding-----10 11. Coitus interrupts/ Ejaculating outside-----11 12. Others-----12	
504	Have you used contraceptive method the last time you had sexual intercourse?	1. Yes-----1 2. No -----0	If “no” skip to Question 511
505	If “yes” to question 504, what was the method you used?	1. Pills-----1 2. Condoms-----2 3. IUD-----3 4. Norplant-----4 5. Injectable-----5 6. Emergency contraception-----6 7. Vasectomy (male sterilization)-----7 8. Tubal ligation (female sterilization)-----8 9. Standard days method-----9 10. Breast feeding -----10 11. Coitus interrupts/ Ejaculating outside----11 12. Others-----12	
506	Why you choose the method you used during the last intercourse?	1. Easy for secret use-----1 2. Easy to get it-----2 3. Cheap to buy-----3 4. I get it for free-----4 5. Have better knowledge about-----5 it 6. Other specify -----6	
507	From where did you get the contraceptive you	1. Government Hospital/Health center-----1 2. University clinic-----2	

	used for the last time?	3. Private hospital/ Clinic-----3 4. NGO Clinic-----4 5. Youth Centers-----5 6. Any open Market/shops-----6 7. Other specify -----7	
508	What was the first most important reason why you took contraceptive method from the above place?	1. No Registration-----1 2. Does not need prescription-----2 3. Short waiting time-----3 4. Friendly staff-----4 5. Availability in Short distance-----5 6. Affordable price-----6 7. Free service-----7 8. Other/specify-----8	
509	For what purpose did you used contraceptive methods the last time you had sexual intercourse?	1. Prevent unwanted pregnancy-----1 2. Prevent sexually transmitted Disease-----2 3. For medication-----3 4. Space child birth-----4 5. Other specify-----5	
510	Since from the first intercourse how often you or your partner uses contraceptive methods?	1. Always-----1 2. Some times-----2 3. Never-----3	
511	Do you plan to use methods of preventing pregnancy in the future?	1. Yes-----1 2. No -----0	If “no” skip to question 513
512	What challenges did you face to use methods of pregnancy? (For ever user and current users only) More than one answer is possible	1. Lack of knowledge on how to use properly-----1 2. Shortage of money-----2 3. Long waiting at the health Institute-----3 4. Disapproval by parent-----4 5. Disapproval by partner-----5 6. Lack of information where to get contraceptive-----6 7. Bad health workers attitudes-----7 8. Fear side effect-----8 9. Embracement to buy-----9 10. Others /specify-----	
513	What are reasons why you did not want to use methods of preventing pregnancy? (For ever non-users) More than one answer is possible	1. Lack of knowledge-----1 2. Religious opposition-----2 3. Fear side effect-----3 4. Afraid of being seen by Parents -----4 5. Partner disapproval-----5 6. Do not know where to get Contraceptive-----6 7. I can't afford to buy-----7 8. Embracement to buy-----8 9. Do not approve use contraceptive by youth -----9 10. Fear of bad health workers Attitude-----10 11. I want to have child-----11 12. Preferred method not available -----12 13. Preferred source is far-----13 14. Do not have regular sexual partner-----14 15. Other/specify -----15	

**Part VI students attitude towards facility related**

601	Time taken to travel to the source of contraceptive Method?	.....write time in minutes	
602	Do you think that health facilities are comfortable for young people to utilize contraceptive method?	1.Yes-----1 2.No-----0	
603	Do you think that health professionals in health facilities are friendly?	1.Yes-----1 2.No-----0	

***END OF THE QUESTIONNAIRE THANK YOU FOR YOUR COOPRATION!***

**ANNEX 4 Information sheet for Amharic version questionnaire**

**መረጃ መስጫ**

ጤና ይስጥልኝ ስሜ -----ይባላል። እኔ የጥናቱን ባለቤት በረከት ገ/ዮሐንስን ወክሎ ስገኝ እርስዎ የአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ድህረ ምረቃ ተማሪ ስትሆን የመመረቂያ ጥናቷን በዩኒቨርሲቲ ተማሪዎች የወሊድ መቆጣጠሪያ አጠቃቀምና ተያያዥ ጉዳዮች ላይ በመስራት ላይ ትገኛለች። ስለሆነም የምንሰበስበው መረጃ ለዩኒቨርሲቲው፣ ለፖሊሲ አውጪዎች እንዲሁም ለሀገሪቱ ከፍተኛ ጥቅም ይሰጣል።

ጥያቄዎቹን ለመመለስ ከ15-20 ደቂቃዎችን ይወስዳል

አላማው: በዩኒቨርሲቲው ውስጥ የዘመናዊ የወሊድ መቆጣጠሪያ አጠቃቀምና ተያያዥ ጉዳዮችን ማወቅ ነው።

የጥናቱ ልዩ ጥቅም: ጥናቱ የረዥምና የአጭር ጊዜ ጥቅም ስኖረው የአጭር ጊዜ ጥቅሙ ከጥያቄዎቹ በኋላ ለተሳታፊዎች ስለዘመናዊ የወሊድ መቆጣጠሪያ ዘዴ ገለጻ ይደረግላቸዋል። የረዥም ጊዜ ጥቅሙ ጥናቱ ተሰርቶ ካለቀ በኋላ ለፖሊሲ አውጪዎች እንደግብዓት በመሆን በዩኒቨርሲቲዎች የወሊድ መከላከያ አጠቃቀም ለማሻሻል ይረዳል።

የጥናቱ የጎን ጉዳት: ጥናቱ የጎን ጉዳት የለውም

የጥናቱ ተሳታፊዎች መብት: በጥናቱ ላይ ያለመሳተፍ መብት አለው። መመለስ የማይፈልጉትን ጥያቄ እንዲመልሱ አይገደዱም። በፈለጉ ሰዓት ጥናቱን ማቋረጥ ይችላሉ። ያልገባዎትን ማንኛውንም ጥያቄ የመጠየቅ መብት አለው።

የጥናቱ ሚስጥራዊነት የሚመልሷቸው ማንኛውም ጥያቄዎች ሚስጥራዊነታቸው የተጠበቀ ሲሆን የተሳታፊዎች ስም አይጠቀስም።

**ANNEX 5 Consent form for Amharic version questionnaire**

**የፈቃደኝነት መጠየቂያ ቅጽ**

ከላይ በተጠቀሰው መሰረት ምንም ጉዳት የለውም። የሚሰጡት መረጃ ለማንም አይነገርም ስሞትም አይፃፍም። መመለስ የማይፈልጉትን ጥያቄ እንዲ መልሱ አይገደዱም በፈለጉ ጊዜ ጥያቄውን ማቆም ይችላሉ ለዚህ ጥናት የሚያደርጉት ትብብር ለጥናቱ መሳካት ጠቃሚ ነው። የጥናቱን ዓላማ ከተረዱ በኋላ በፈቃደኝነት ጥናቱ ላይ ስለሚሳተፉ እናመሰግናለን።

ይህን መረጃ በሚገባኝ ቋንቋ ተነቦልኝ ወይም አንብቤ የተገለጹትን ነገሮች ተረድቻለሁ

ጥናቱ ላይ ለመሳተፍ ፈቃደኛ ነዎት?

1-ፈቃደኛ አይደለሁም (አመስግነው ይሸኙ)

2-ፈቃደኛ ነኝ (ቃለ መጠይቁን ይስጡ)የመጠይቁ ውጤት

1 ተጠነቋል

2 ፈቃደኛ አይደለም

3 በግማሽ ተጠናቋል

በተቆጣጣሪ ታይቷል

ስም-----ፊርማ-----ቀን

የጥናቱ ባለቤት ስም በረከት ገ/ዮሐንስ

ስልክ ቁጥር--0911789681

ኢ-ሜይል አድራሻ bereket.g2010@gmail.com

ጥናቱ የሚካሄድበት ድርጅት ስም-----

የጠያቂው ስም-----ፊርማ

የመጠይቁ ቀን-----

ANNEX 6 Amharic version questionnaire

ክፍል አንድ ማህበራዊ ሁኔታን በተመለከተ

	ጥያቄዎች	ምላሾች	ዝላል
101	አሁን የምትኖርበት አድራሻ?	1. በዩኒቨርሲቲው ጊቢ ውስጥ-----1 2. ከዩኒቨርሲቲው ውጪ -----2	
102	ወደ ዩኒቨርሲቲ ከመግባትህ/ሽ በፊት የምትኖርበት አካባቢ ነው?	1. ገጠር-----1 2. ከተማ-----2	
103	እድሜህ/ሽ ስንት ነው?	-----እድሜ (ወራትን ሳይጨምር	
104	ሃይማኖትህ/ሽ ምንድን ነው?	1.ፕሮቴስታንት.....1 2.ኦርቶዶክስ.....2 3.ሙስሊም.....3 4.ካቶሊክ.....4 5.ከተጠቀሱት ውጪ ከሆነ ጥቅም/ስ .....5	
105	የጋብቻ ሁኔታ	1.ያገባ-----1 2.የትዳር አጋር የሞተበት-----2 3.የተለያየ-----3 4.የተፋታ-----4 5.ፍቅረኛ ያለው-----5	
106	አሁን ስንት ልጆች አሉህ/ሽ?	የልጆችህን/ሽን ብዛት ጻፍ/ፊ.	
107	የትምህርት ዘርፍህ/ሽ ምንድን ነው?	1.ጤና.....1 2.ግብርና.....2 3.ኢንጂነሪንግና ቴክኖሎጂ.....3 4.የተፈጥሮ ሳይንስ.....4 5.የማህበራዊ ሳይንስ.....5 6.ቢዝነስና ኢኮኖሚክስ.....6	
108	ስንተኛ ዓመት ተማሪነህ/ሽ?	1.የመጀመሪያ ዓመት.....1 2.ሁለተኛ ዓመት ተማሪ.....2 3.ሶስተኛ ዓመት ተማሪ.....3 4.አራተኛ ዓመት ተማሪ.....4 5.አምስተኛ ዓመት ተማሪ..... 5	

109	የአባት-ህ/ሽ የትምህርት ደረጃ ምንድን ነው?	1.ያልተማረ.....1 2.ማንበብናመጻፍሚችል.....2 3.የመጀመሪያ ደረጃ ትምህርቱን በክፊል የተማረወይምያጠናቀቀ.....3 4.የሁለተኛ ደረጃ ትምህርቱን በክፊል የተማረወይም .....4 5.12ኛ ክፍል አጠናቆ ከ1ኛ እስከ 2ኛ ዓመት ተጨማሪስልጠናየወሰደ.....5 6.የመጀመሪያ ድግሪ ወይም ከዚያ በላይ .....6 አላውቅም .....7	
110	የእናት-ህ/ሽ የትምህርት ደረጃ ምንድን ነው?	1.ያልተማረች.....1 2.ማንበብናመጻፍሚችል.....2 3.የመጀመሪያ ደረጃ ትምህርቷን በክፊል የተማረች/ያጠናቀቀች.....3 4.የሁለተኛ ደረጃ ትምህርቷን በክፊል የተማረች/ወይምያጠናቀቀች.....4 5.12ኛ ክፍል አጠናቃ ከ1ኛ እስከ 2ኛ ዓመት ተጨማሪ ስልጠና የወሰደች .....5 6.የመጀመሪያድግሪወይምከዚያበላይ.....6 7.አላውቅም .....7	
111	የባለቤት-ህ/ሽወይምየፍቅርአጋርህ/ሽየትምህርትደረጃምንድንነው?	1. ያልተማረ/ች-----1 2.ማንበብናመጻፍሚችል/የምትችል.-----2 3.የመጀመሪያደረጃትምህርቱንበክፊልየተማረ/ችወይምያጠናቀቀ/ች...-----3 4.የሁለተኛደረጃትምህርቱንበክፊልየተማረ/ችወይምያጠናቀቀ/ች...-----4 5.12ኛክፍልአጠናቆ/ቃከ1ኛእስከ 2ኛዓመትተጨማሪስልጠናየወሰደ/ች-----5 6.የመጀመሪያድግሪወይምከዚያበላይ...-----6 7.አላውቅም .....7	
112	ብሔርህ/ሽምንድንነው?	1.ሲያማ.....1 2.ወላይታ.....2 3.ከንባታ.....3 4.ሀዲያ.....4 5.ጉራጌ.....5 6.ጋሞ.....6 7.አማራ.....7 8.አሮሞ.....8 9.ትግሬ.....9 10.ከተጠቀሱትውጪከሆነ .....	

113	የባለቤት/ሽወደምየፍቅርአጋርህ/ሽስራ ምንድንነው?	1.ግብርና.....1 2.ተማሪ.....2 3.የመንግስት ስራተኛ.....3 4.ነጋዴ.....4 5.ስራ-የሌለው ወይም ተሰብላይ ጥገኛ.....5 6.ከተጠቀሱት ውጪ ከሆነ ይጻፉ -----.....6	
114	ወርሃዊ ገቢ በብር ስንት ነው?	.....ብር	
115	ጾታ	1 ሴት-----0 2 ወንድ-----1	

**ክፍል ሁለት የጾታ ግንኙነት ንብተ መለከተ**

ተ.ቁ		መልስ	ዝላል
201	የግብረሰጋ ግንኙነት አድርገህ ታውቃለህ/ሽ?	1.አዎ .....1 2.አይ.....2	መልስህ/ሽ እይክ ሆነ ወደ ክፍል ሶስት ዝላል
202	ለመጀመሪያ ጊዜ የግብረሰጋ ግንኙነት ስታደርግ/ሊደርግህ ልትገባለህ?	1.ዕድሜ (ወራት ንሳይጨምር) 2.አላስታውስም .....-- -----0	
203	የግብረሰጋ ግንኙነት እንዴት ጀመርክ/ሽ?	1.በትዳር ውስጥ .....-1 2.በግልፍ ላይ .....-2 3.በአቻ ግፊት .....3 4.ገንዘብ ለማግኘት .....4 5.ተደፍራ .....-5 6.ከተጠቀሰው ውጪ ከሆነ ግለጽ/ጩ ..... .....6	
204	ባለፉት 12 ወራት የግንኙነት አድርገሽታውቁ ያለሽ/ለህ/?	1.አዎ .....1 2.አላው .....0	መልስህ እይክ ሆነ ወደ ክፍል ሶስት ዝላል
205	ለጥያቄ 204 መልስህ አዎ ከሆነ ባለፉት 12 ወራት ስንት የፍቅር አጋር ነበረህ/ረሽ	..... የአጋር ሽን/ህን ብዛት አስገቢ	
206	ለጥያቄ ጥር 204 መልስህ አዎ ከሆነ ባለፉት 12 ወራት ያልታደረግሽ የግንኙነት አድርገህ/ሽ ታውቃለህ/ሽ	1.አዎ .....-1 2.አላው ቅም .....-0	
207	ለጥያቄ ጥር 204 መልስህ አዎ ከሆነ ባለፉት 12 ወራት ባደረግከው/ሽው ግንኙነት አንተ/ቺ ወይም አጋርህ/ሽ ስከራ ችሏል/ችላለህ?	1.አዎ .....-1 2.አልነበረም .....-0	
208	ለጥያቄ ጥር 206 መልስህ አዎ ከሆነ ያልተፈለገህ ለግንኙነት ግንኙነት ስታደርግህ/ሽ ታውቃለህ?	1.አዎ .....-1 2.አያውቅም .....-0	
209	ለጥያቄ ጥር 208 መልስሽ አዎ ከሆነ ወርጃ አድርገሽታውቁ ያለሽ?	1.አዎ .....-1 2.አላው ቅም ይ .....-0	

**ክፍል ሶስት የእርግዝና መከላከያ እውቀት ንዩተመለከተ**

ተ.ቁ	መጠይቅ	መልስ	ዝልል
301	ስለእርግዝና መከላከያ መንገዶች ስም ተህ/ሽታው ቃለሀ/ታው ቂያለሽ?	1.አዎ-----1 2.አላውቅም-----0	
302	የሚያውቁትን የእርግዝና መከላከያ ዘዴዎች ዘርፍ-ትውስጥ ያክብቡ (ከእንደበላይ መምረጥ ይቻላል)	1. መታቀብ-----1 2. የወንድ ዘርፍ ላሽውጫ ማፍሰስ-----2 3. ኪነ-ግጥ-----3 4. ኮንዶም መጠቀም-----4 5. ሉፕ-----5 6. በክንድ የሚቀበል-----6 7. መርፌ-----7 8. ድንገተኛ የእርግዝና መከላከያ -----8 9. የወር አበባ ንቀት መቆጠር-----9 10. ወንዶችን እና ራስዎን ማምከን.....10 11. ሴቶችን እና ራስዎን ማምከን.....11 12. ጡት ማጥገት.....12 13. ከተጠቀሱት ውጫ ከሆነ ግለጽ/ጫ.....13	
303	ለጥያቄ ጥር 301 መልስዎ እዎ ከሆነ ስለእርግዝና መከላከያ መንገዶች የሰሙበትን ሚዲያ ይገለጹ	1. ሬድዮ-----1 2. ቱ/ቪ-----2 3. ጋዜጣ/መጽሐፍት-----3 4. ንጽጅ-----4 5. ቤተሰብ-----5 6. ከትምህርት ቤት-----6 7. ከዩኒቨርሲቲ ክለሲክ-----7 8. ከወጣቶች ክብብ-----8 9. ሌላ ሌላ ግለጽ/ጫ-----9	
304	ኪነ-ግጥ ለሌላ እርግዝናን ለመከላከል እንዴት የሚወሰድ ይመስልዎታል/ላላ	1. በየቀኑ አንድ ኪነ-ግጥ ወር አበባ መክከል.....1 2. በሶስት ቀን አንድ ኪነ-ግጥ.....2 3. ከግብረት ጋንገን ነት ቀጥሎ አንድ ኪነ-ግጥ-----3 4. አላውቅም.....4	
305	በመርፌ የሚወሰድ መከላከያ እንዴት እንዴት የሚወሰድ ይመስልዎታል/ላላ	1. በሶስት ወር አንድ መርፌ በወር አበባ ወቅት.....1 2. በስድስት ወር አንድ መርፌ.....2 3. ከግብረት ጋንገን ነት ቀጥሎ አንድ መርፌ.....3 4. አላውቅም.....4	
306	ስለእርግዝና መከላከያዎች መረጃ ከማንወይም ከየት ብታገኝ /ኒት መርጣለህ/ት መርጫ ያለሽ?	1. ሬድዮ.....1 2. ቱ/ቪ/ኾን.....2 3. ጋዜጣ.....3 4. ንጽጅ.....4	

		5.ቤተሰብ.....5 6.አትምህርት-ትምህርት.....6 7.አዩኒቨርሲቲ/ክሊኒክ.....7 8.አወጣጥቻ/ክብር.....8 9. አተጠቀሰው ውጭ ከሆነግለጽ/ጨ.....9	
307	የእርግዝና መከላከያ ስትራቴጂ ለሌሎች ለምሳሌ የትምህርት ጥራት ለማረጋገጥ/ለሽ?	1.አዎ.....1 2.አላውቅም .....0	መልስዎን ይገልጹ ክፍል አራት ዝልይ
308	የምታውቁት የእርግዝና መከላከያ ምንጮችን ምልክት አድርግ/ጊ	1.የመንግስት ጤና ጣቢያ .....1 2.የዩኒቨርሲቲ/ክሊኒክ.....2 3.የመንግስት ሆስፒታል.....3 4.የወጣጥቻ/ክብር.....4 5.መንግሥታዊ ካህናት/ክሊኒክ .....5 6.አማካኛ ድምፅ/ሽያጭ/ታ.....6 7.አተጠቀሰው ውጭ ከሆነ ጥቅስ/ጥቅስ ..... 7	

**ክፍል አራት ስለ እርግዝና መከላከያ አመለካከት**

ተ.ቁ.	መጠይቅ	ምላሽ	ዝላል
401	ስለ እርግዝና መከላከያ መንገዶች የበለጠ መረዳት ትፈልጋለህ/ሽ?	1.አዎ .....1 2.አልፈልግም .....0	
402	ከንደኞች ህጋዊ ስለ እርግዝና መከላከያዎች አውርተህ/ሽ ታውቃለህ/ሽ?	1.አዎ .....1 2.አውቃለሁ .....0	
403	ከሚከተሉት ስለ እርግዝና መከላከያ መንገዶች የለህን/ሽን አመለካከት ይገልጻል?	1.የእርግዝና መከላከያ ዘዴዎች ለጤና ጎጂ ናቸው-----1 2.የእርግዝና መከላከያ ዘዴዎች አስፈላጊ አይደሉም---2 3.የእርግዝና መከላከያ ዘዴዎች አንዳንድ ሰዎች የሚሉትን ያህል ጠቃሚ አይደሉም-----3 4.ሁለት ሰዎች የግብረ - ሥጋ ግንኙነት ካደረጉና ልጅ ለመውለድ ዝግጁ ካልሆኑ የወሊድ መከላከያ መጠቀም አስፈላጊ ነው .....4 5.ተማሪዎች የግብረ ሥጋ ግንኙነት ቢያደርጉም የእርግዝና መከላከያ መጠቀም የለባቸውም .....5 6.ከተጠቀሰው ውጪ ከሆነ ግለጽ/.....6	
404	ወጣቶች ዘመናዊ የእርግዝና መከላከያዎችን መጠቀማቸውን ደግፋለህ/ሽ?	1.አዎ .....1 2.አይ.....0	
405	የእርግዝና መከላከያ መንገዶችን የመጠቀም ሃላፊነት ያለበት ማን ይመስልሃል/ሻል?	1.ሴት.....1 2.ወንድ.....2 3.ሁለቱም .....3	

ክፍል አምስት የእርግዝና መከላከያ አጠቃቀምን የተመለከተ

ተ.ቁ.	መጠይቅ	ምላሽ	ዝልል
501	የእርግዝና መከላከያ ደጋግታት ለመቆየት/ሽታው ቁጥጥር/ሽታው?	1.አዎ.....1 2.አላውቅም.....0	መልስ/ሽታው ሆነ ወደቁጥር 511 ዝልል/ዝልይ
502	አንተ/አንቺ ወይም አጋርህ/ሽህ መሆን ይደረግሃል ይህን ዓይነት ጉዳይ ላይ የሚገኙት ስታዲዮች የእርግዝና መከላከያ ተጠቅሞች ሆነዋል?	1.አዎ.....1 2.አልተጠቀምንም.....2 3.አላስታውስም.....3	መልስ/ሽታው ሆነ ወደ 504 ዝልል/ዝልይ
503	ለመጀመሪያ ጊዜ የግብረ ሰባት ጉዳይ ላይ የተጠቀሙት ሆኑት መከላከያ ምንድን ነው?	1.ኪኒን.....1 2.ኮንደም.....2 3.ሉፕ.....3 4. በክንድ የሚቀበር.....4 5.መርፌ.....5 6. ድንገተኛ የወሊድ መከላከያ .....6 7. የወር አበባ ቅንብ መቆጠር.....7 8. ጡት በማጥጥት.....8 9. የወንድ ዘርፈ ሳሽው ጭብ ማፍሰስ.....9 10. ከተጠቀሰው ውጭ ከሆነ ጥቅም/ሽ..... 10	
504	ለመጨረሻ ጊዜ የግብረ ሰባት ጉዳይ ላይ የተጠቀሙት ሆኑት ስታዲዮ ግ/ጊዜ የእርግዝና መከላከያ ተጠቅሞች ሆነዋል?	1.አዎ.....1 2.አልተጠቀምን.....0	መልስ/ሽታው ሆነ ወደ 511 ዝልል/ዝልይ
505	ለጥያቄ ቁጥር 504 መልስ/ሽታው ሆነ የተጠቀሙት ሆኑት ስታዲዮ ምንድን ነው?	1. ኪኒን.....1 2. ኮንደም.....2 3. ሉፕ.....3 4. በክንድ የሚቀበር .....4 5. መርፌ.....5 6. ድንገተኛ የእርግዝና መከላከያ.....6 7. የወር አበባ ቅንብ መቆጠር .....7 8. ጡት በማጥጥት.....8 9. የወንድ ዘርፈ ሳሽው ጭብ ማፍሰስ,.....9 10. ከተጠቀሱት ውጭ .....10	
506	ለመጨረሻ ጊዜ የተጠቀሙት ሆኑት ስታዲዮ ምን መከላከያ ለምን መረጣች/ሽ?	1.ለምስጢራዊ አጠቃቀም ምቹ ስለሆነ.....1 2.ለማግኘት ቀላል ስለሆነ.....2 3.ዋጋው ርካሽ ስለሆነ.....3 4.በነጻ ስለሚገኝ.....4 የተሻለው ቀት ስላለኝ.....5	

507	ለመጨረሻ ጊዜ የተጠቀምኩትን መከላከያ ክፍት አገኜ/ሽ?	1. የመንግስት ሆስፒታል/ጤና ጣቢያ .....1 2. የዩኒቨርሲቲ/ክሊኒክ.....2 3. የግል ሆስፒታል/ክሊኒክ.....3 4. መንግሥታዊ ካልሆኑ ጤና ድርጅቶች .....4 5. የወጣቶች ክብባት.....5 6. ማንኛውም ሱቅ/መገበያያ ስፍ .....6 7. ከተጠቀሱት ውጪ ከሆነ /ግለጽ/ጪ .....7	
508	የገዛህበትን/ያገኘህበትን ቦታ የመረጥክበት ምክንያት ምን ነበር?	1. ምዝገባ ስለሌለው-----1 2. የማዘዣ ወረቀት ስለማያስፈልገው-----2 3. ፈጣን አገልግሎት ስለሚሰጥ-----3 4. ባለሙያዎቹ በጥሩ ሁኔታ ስለሚያስተና-----4 5. ቅርብ ስለሆነ-----5 6. ዋጋው ርካሽ ስለሆነ -----6 7. ነጻ ስለሆነ-----7 8. ከተጠቀሱት ውጭ ከሆነ/ግለጽ/ጪ-----8	
509	ለመጨረሻ ጊዜ የተጠቀምኩትን መከላከያ የተጠቀምኩው ለምን አላማ ነበር?	1. ያልተፈለገ እርግዝናን ለመከላከል.....1 2. የአባላዘር በሽታዎችን ለመከላከል.....2 3. ለህክምና-----3 4. አራርቆ ለመውለድ-----4 5. ከተጠቀሱት ውጪ ከሆነ /ግለጽ/ጪ .....5	
510	ከመጀመሪያ ግንኙነታችሁ ጀምሮ አንተ/አንቺ ወይም አጋርህ በምን ያህል የጊዜ ገደብ መከላከያ መንገዶችን ትጠቀማላችሁ?	1. ሁል ጊዜ.....1 2. አንዳንዴ.....2 3. በጭራሽ.....3	
511	ወደፊት እርግዝና መከላከያዎችን ለመጠቀም እቅድ አለህ/ሽ?	1. አዎ.....1 2. የለኝም .....0	
512	እርግዝና መከላከያ መንገዶችን መጠቀም ያልፈለግክበት/ሽበት ምክንት ምንድን ነው? (ተጠቅመው ለማያውቁ ብቻ)	1. ስለመከላከያው ባለማወቅ-----1 2. በሃይማኖቱ ስለማይፈቀድ-----2 3. የጎንዮሽ ጉዳቱን በመፍራት-----3 4. ወላጆቹ እንዳያውቅብኝ በመፍራት-----4 5. ባለቤቱ/ፍቅረኛዬ ባለመስማማቱ/ቷ-----5 6. ክፍት እንደማገኝ ስለማላውቅ-----6 7. መግዛት ስለማልችል-----7 8. መግዛት ስለምፈራ-----8	

		9. ወጣቶች መጠቀም የለባቸውምብዬ ስለማስብ.....9 10. የጤና ባለሙያዎችን መጥፎ አመለካከት በመፍራት.....10 11. ልጅ መውለድ ስለምፈልግ-----11 12. የምፈልገው መከላከያ አይነት ስለሌለ---12 13. የምፈልገው ጤና ድርጅት ሩቅ ስለሆነ-13 14. ቋ ሚ የፍቅር ንደኛ ስለሌለኝ-----14 15. ከተጠቀሰው ውጭከሆነ ግለ-----15	
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**የጤና ተቋማትን የተመለከተ**

601	እርግዝና መከላከያ ለማግኘት የምትሄድበት/ጅበት ቦታ ምን ያህል ያስኬዳል	..... በደቂቃ ባፈው/ፈው	
602	የጤና ተቋማት ለወጣቶች የእርግዝና መከላከያ ለመጠቀም ምቹ ናቸው ብለህ/ሽ ታስባለህ/ሽ	1.አዎ.....1 2.አላስብም.....0	
603	በጤና ተቋማት ያሉ ባለሙያዎች ለወጣቶች የእርግዝና መከላከያዎችን ለመጠቀም ምቹ ናቸው ብለህ/ሽ ታስባለህ/ሽ ?	1.አዎ.....1 2.አላስብም.....0	

## DECLARATION

I the undersigned, declare that this thesis is my original work, has never been presented in this or any other university, and that all the resources and materials used for the thesis development,Have been acknowledged as complete references.

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SCHOOL OF GRADUATE STUDIES  
COLLEGE OF HEALTH SCIENCES

**MODERN CONTRACEPTIVE USE AND ASSOCIATED FACTORS  
AMONG REGULAR UNDERGRADUATE STUDENTS, WACHEMO  
UNIVERSITY, SNNPR, ETHIOPIA: INSTITUTION BASED SURVEY**

BY

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