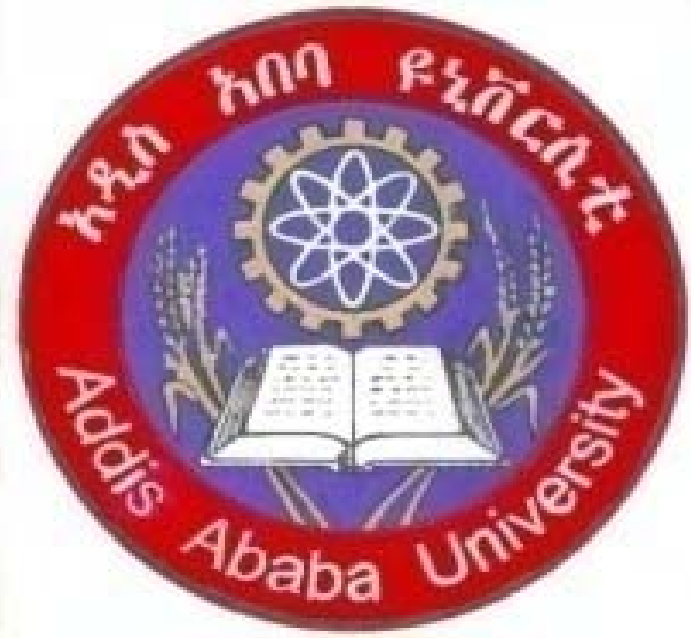
Addis Ababa University Collage of Health Sciences

School of Public Health



Assessment of Determinant Factors towards Contraceptive Methods Preference and Shift among Women of Current Users, Boset, East Shoa Zone, Oromia Regional State.

By

Deriba Degefa

March,2013

Addis Ababa University

Addis Ababa University College of Health Sciences
School of Public Health

Assessment of Determinant Factors towards Contraceptive Method Preference and Shift among Current Users, Boset, East Shoa, Oromia, 2013.

By
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A thesis Submitted to the School of Graduate Studies Addis Ababa University in Partial Fulfillment of the Requirements for Master of Public Health

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School of Public Health

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Approved by the Examining Board……

Chairman, Department Graduate Committee Signature…..

Advisor Signature……

External Examiner Signature……

Internal Examiner Signature……

DEDICATION

This thesis is dedicated to my beloved wife w/o Kasech Abebe and to my son, Naol Deriba, Eyob Deriba and Kalab Deriba who have through their patience and love inspired in me the courage to work and accomplish my study successfully.

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Table of Contents

Acknowledgment I

Table of Contents II

List of Table V

List of figure vI

Acronyms VIII

Abstract VIIII

1. Introduction 1

1.3. Significance of the study 2

2. Literature Review 3

3. Objective 8

3.2. Specific objectives: 8

4. Methods and Materials 9

4.1. Study area and period: 9

4.2. Study design: 9

4.3. Source population 9

4.4. Study units/subjects 9

4.5. Sample size determination 9

4 .5.1. Sample size for quantitative study 9

: 4.5.2. Sample size for qualitative study 10

4.5.3. Sampling techniques 10

4.5.4. Data collection tools 11

4.5.5. Data collection methods 11

4.5.6 Data collectors 11

4.6. Variables 11
4.6.1 Dependent variable;- 11
4.6.2. Independent variables: 11
4.7. Quality control method 12
4.8. Data processing and analysis 12
4. 9 Ethical consideration 12
5. Operational definition: 14
5.1. Contraceptive method shift: 14
5.2. Contraceptive methods preference: 14
5.3. Freedom to contraception: 14
5.4. Current users: 14
6. RESULT 15
6.1 Socio-economic and demographic characteristics 15
6.2. Contraceptive method utilization practices: 17
6.1.3. Contraceptive methods preference among current users 18
6.1.5. Contraceptive methods preference in relation to socio demographic characteristics, East Shoa, Oromia March, 2013. 21
6.1.6. Contraceptive Method Shifting Practices. 24
6.3. Women's right to use contraceptive method they prefer in relation to socio demographic characteristics, Boset, East Shoa, Oromia, March, 2013. 26
6.4. Contraceptive method shift in relation to socio- demographic characteristics, Boset, East Shoa, Oromia, March 2013. 29
6.5. Multiple logistic Regression Analysis for contraceptive method shift in relation to socio-economic and demographic characteristics, East Shoa, Oromia, March, 2013. 31
7. Discussion 336
8. Strengths and limitation of the study 39

8.1. Strengths 39
8.2. Limitation 39
09. Conclusion 380
10. Recommendations 381
References 402
ANNEXES 424
Annex 1- Schematic presentation of sampling techniques 424
Annex-2: Information sheet 435
Annex 2; information sheet 436
Annex 3; information sheet of English version 43
Annex 4{ Information sheet of afan Oromo……61
Annex 5: FGD Guide……81

List of Table

Table 1 Table 1. Socio–economic and demographic characteristics of study subjects in Boset, East Shoa Oromi,March, 2013……167

Table 2:-Contraceptive methods utilization practices in, Boset, East Shoa, Oromia, March, 2012… 19

Table 3:-Current contraceptive method preference among study subjects,In Boset, East Shoa, Oromia,March,2013..... 21

Table 4: Contraceptive method preference in relation to socio-demographic characteristics, Boset, East Shoa, Oromia, March 2013..... 25

Table 5: Contraceptive method shift with reported reasons, Boset, East Shoa, Oromia, 2012…….27

Table 6 Women's right to use contraceptive method they prefer in relation to socio-demographic characteristics, in Boset, East Shoa, Oromia, March,2013……30

Table7: Bivariate analysis of contraceptive method shift in relation to socio-demographic characteristics East Shoa, Oromia,March, 2013. 32

Table 8: Multivariate analysis of contraceptive method shift in relation to socio-demographic characteristics……..34

List of Figure

Figure 1-Conceptual frame work…….....7
Figure 2:-Ccontraceptive method preferred in future in Percent 201

Acronyms

WHO	World Health Organization
SSA	Sub-Saharan Africa
EDHS	Ethiopian Demographic and Health survey
CSA	Central Statistics Agency
FMOH	Federal Ministry of Health
AAU	Addis Ababa University
SPH	School of Public Health
MDG	Millennium Development Goal
RH	Reproductive Health
NGO	Non- Governmental Organization
FP	Family Planning
FGAE	Family Guidance Association of Ethiopia

Abstract

Background

Most Ethiopian women lack the reproductive and social self-determination needed to exercise their reproductive rights is in turn, perpetuates their low reproductive health and social status. Current contraceptive prevalence rate is low as 29% clearly demonstrate the disadvantaged position of women within Ethiopian society. Assessment of family planning would broaden our understanding of health need, weakness in the service delivery system and many of the possible solutions available to tackle them.

Objectives

The main objective of this study is to investigate determinant factors towards contraceptive methods preference and shift among current users in East Shoa, Oromia.

Methodology

A cross-sectional facility based quantitative and qualitative study was conducted to assess contraceptive methods preference and shift among current users of women of child bearing age from March to April 12013 among 422 women from all 6 health centers in Boset district. Clients who visited for family planning health facilities during the dates of data collection were interviewed. Data were collected using structured and pretested questionnaire and supplemented by Focus Group Discussion guide. Quantitative data were entered and cleared using Epi Info, then exported to SPSS version 16 for analysis. Focus Group Discussions were recorded using tape recorder and notes were also taken by principal investigator and note taker.

Result

The most currently preferred and widely used contraceptive method was injectabel 351(84.2%) and followed by implanon 47 (11.3%). oral contraceptive pill preference was very low 19 (4.6%). Some the major reasons for prefer injectables were, convenient to use, fear of spouse save time and for confidentiality purpose were the leading points. Contraceptive method shift was appeared to be high among women of age 25-34 account 108 (46.8%). The method shift trends have showed that as age increases, the method shift practices also increased. Majority of women 168 (75.7%) shifted to injectables for reasons such as confidentiality issue, provider advice and fear of spouse were human element part and fear of side effect was health wise reason. Multivariate analysis result, age 15-24year (AOR:2.71,95%CI,1.38,5.32), and marital status (AOR 4.19,95%CI,1.40,12.55) were found statistically associated with contraceptive method shift. Bivariate analysis result also revealed that 158 (44.9%) women of age 25-34 years preferred injectable.

Conclusion and recommendation

Contraceptive methods preference of the women was concentrated to only one method which is injectables, where as the safe and long acting methods were neglected. On the other hand, contraceptive method shift also one of the problem observed, because still women were shifted to injectables method which can affect their health through it’s potential side effect.

Discussion about contraception use among couple found to be very low and majority of spouses were not approved contraception use. This may be due to lack of information on contraception use.

Women’s right largely interfered on contraceptive preference and use. In this case, men were played a great role particularly on women’s contraceptive choice and use. Therefore, family planning programs should not focus only on women, but should also address men. Information, Education and Communication program for promoting family planning methods should be strengthened.

1. Introduction

The use of contraception varies widely around the world, both in terms of total use and the types of methods used. In many countries women and couples rely largely on on or two contraceptive methods, because of government policies, the way national family planning programs evolved and cultural or social preferences. Understanding why people prefer some contraceptive methods over other can be useful for strengthening family planning programs (1).

Today, following the path of more developed countries, a demographic transition from high fertility and mortality to low fertility and mortality can be said to be underway in much of less developed countries. In the last 50 years the average fertility in more developed countries has declined from 2.8 to 1.6 children per women. Although there are considerable regional variations, average fertility in less developed countries has declined from 6.2 to less than 3 children per women. Fertility has declined most quickly in Latin America and Asia from 5.9 to 2.6; and less rapidly in North Africa and western Asia. The transition is slowest in Sub-Saharan Africa in which fertility declined by 1 from 6.5 to 5.5 children per women (2)

The study conducted on changes of contraceptive method mix in developing countries shown that as injectable rose from 2% to 8% with small increase in Asia, Latin America and in the Caribbean. Notably the shares in sub- Saharan Africa grow from 8% to 26% (3).

Another study conducted on contraceptive methods choice in developing countries revealed that as the freedom to choose from a range of contraceptive methods, according to one's needs and preferences, rests partly on the share of contraceptive methods. While it is certainly true that family opposition, fear of side effects, cost and uncongugated supply sources also affect contraceptive methods choice(4)

Modern FP services in Ethiopia are pioneered by the Family Guidance Association of Ethiopia (FGAE); that was established in 1966. FGAE's only family planning services were provided from a single-room clinic run by one nurse. FGAE's program activities and services have gradually spread all over the country. According to Ethiopian Demographic and Health Survey (EDHS)2005, contraception use among married women in Ethiopia (CPR) was 14%; injectables were the most commonly preferred method among married women at 10% followed by the pill at 3%. Use of long-term methods such as intrauterine device and implants are negligible (11).

In Ethiopia about, 29 % of married women are currently using some form of family planning methods, and nearly all use modern method and only 1% of them using a traditional method. The most popular methods are, injectable used by 72.6 %, implant (12.0%), pills (7.4%)(18).

1.2. Statement of the problem

Family planning is one of the best investment a country can make it's future. Today more than 200 million women and girls in developing countries including Ethiopia, who do not want to get pregnant lack access to contraception, information and services which for many, will cost them their lives. It has been proven that family planning saves lives; improve health, strengthened communities and stimulates economic growth

Given the present importance and high priority of family planning in the global in general and in Ethiopia in particular a thorough understanding of the differentials and determinants of family planning is needed. Now days, efforts are being made to carry out more analytical work instead of relying entirely on literatures available. It is believed that such an attempt is likely to provide more accurate results which would lead to more appropriate interventions.

1.3. Significance of the study

In recent years, it has been observed that there is an increasing preference and use of injectables in most developing countries including Ethiopia despite the reality globally where long acting methods are most preferred and used. The fact that this high uptake of short acting methods such as injectable will affect family planning program particularly through increasing work load which leads to low quality service provision, compromise supply management system causing overstock and expiring of underutilized methods.

Concentrating to limited methods also can affect service utilizes through some potential side effect than long acting methods.

Therefore, this study is intended to assess; determinant factors in contraceptive methods preference and shift, and to broaden our understanding of family planning needs, weakness and many of the solutions available to tackle them. This investigation also attempted to realize the magnitude of the study findings and draw some recommendation for planners and program managers.

2. Literature Review

Worldwide, the most commonly preferred contraceptive method is female sterilization, which accounts about one-fifth of the married women of reproductive age. It is followed by intra-uterine device (IUCD), pills, condom, injectable and male sterilization. Other modern methods such as hormonal implant, diaphragm and spermicidal account for a very small percentage of total use (1).

In, Bangladesh, that contraceptive use increases with age and number of living children. Inject able and IUDs were preferred by young and low parity women, including these women tended to adopt a more effective and long acting methods for child spacing. In contrast and as expected, the permanent methods were preferred by older women (17).

Use of Contraceptive methods among married women has more than doubled since 2002, where primarily due to the increase use of injectables. The process of choosing preferred contraceptive method is a fundamental part of women's health and protecting their rights (20).

In Indonesian family planning program, women identified as eligible for long-term methods tend to be encouraged to use the IUD, occasionally sterilization and more recently Nor-plant, while women preferring to space births are directed towards the pills and inject able (16)

A.Educational status

In rural Bangladesh (2012), study on contraceptive method change reveals, the use of pills, condom and traditional methods increased with education, while use of inject able decrease with education, Inject able and permanent methods were common among un educated women (15).

Use of family planning is often influenced by characteristics such as education place of residence and wealth (28).

B. Economic status and place of residence

Despite being the poor, the contraceptive use rate was higher among the urban slum dwellers in Bangladesh. The method mix was highly skewed towards female methods. Husbands should be inspired to involve in family planning. Efforts should be made to be more educated the urban poor. Program should be strengthened to provide non-clinical modern methods free of cost among them. (24).

Within Africa, Middle and Western Africa have the lowest contraceptive use rates in all wealth groups. Less than 10% of the poorest women in this two regions use contraception only about 20% of the wealthiest women do. In Eastern and Southern Africa, where prevalence is higher, effort should focus on reaching the poor with appropriate information and high quality services (28).

C. Prevalence

In developing countries oral contraceptive pill was the most preferred modern contraceptive method, followed by inject able and female sterilization. The freedom to choose from a range of contraceptive methods, according to one's need, and preferences, rests partly on the availability of those methods, while it is currently true that family opposition, fear of cost and uncongenial supply sources also affect method choices. The study conducted in Indonesia reveals that as 53.2% of the women were modern method users. Oral pill was the most preferred modern method. Use of condom and male sterilization was very low. More than half of the women bought non-clinical modern methods from pharmacy or shop (18, 16)

D. **Reasons for preference**

The study conducted in seven countries, suggested three major forces underlying women's preferences for certain contraceptive attributes: conjugal dynamics, interactions with and regard for providers, and women's perceptions of their own underlying health status Among women living in joint families, confidentiality was often necessary with husbands and other family members There was much discussion about the lack of domestic privacy for hiding contraceptive materials, difficulties accounting for travel time to clinics

Most developing countries offer only a limited choice of contraceptive methods, and couples cannot easily choose the method that best suits to their reproductive needs (5, 18).

E. Determinants of women's choice.

The multivariate regression analyses reveal that age, access to TV, number of times married, and NGO membership, working status, number of living children and child mortality and wealth index are important determinants of contraceptive method choice. Sex combinations of surviving children and women's education were the most important significant determinants of family planning method choice. Despite being poor, the contraceptive use rate was higher among the urban slum dwellers. The method mix was highly skewed towards female methods (16).

World Bank support for health in Ethiopia (2011) report shows that injectable contraceptive method is the most currently preferred method followed by pills. Use of long –acting methods is negligible (21)

Sometimes family planning users prefer not to use more reliable methods due to misconceptions and concerns about their health. Methods related reasons and concerns; fear of side effects and luck of access and health care providers bias (14).

The survey report on method mix for Ethiopian family planning program reveals that, the most popular method of preference for future use was injectables (72%), followed by pills(19%). Only 2% and 0.3% of women said that they would like to use implants and IUD, respectively, in the future. (12).

The study conducted on determinants of family planning practices in Jimma has concluded that, a spousal current contraceptive uses have a positive association with the number of family planning methods known.. Current contraceptive practice was found to be strongly associated with spousal discussion about family planning (chi sq=23.47, (P. 0.000). There was also an association between husband/partner approvals of current contraceptive practices. Literate women were more likely to discuss family planning with their husbands than those who were illiterate (chi sq=39.77, P. 0.000), and a higher family income was observed to promote spouse discussion. Educated women and occupation had a positive association with spousal discussion (20).

Freedom to choose from range of contraceptive methods, according to one's needs and preferences, rests partly on the share availability of contraceptive methods. While it is certainly true that family opposition, fear of cost and uncongugated supply sources also affect contraceptive methods choice (16)

The study conducted in Hossana, reveals that as there are variation in the types of contraceptive method that are practiced. A desire to have more children, fear of side effects among contraceptive users and religious prohibitions were some of the reasons reported (22).

The study conducted on modern contraceptive preference and KAP at Bahirdar indicated that, the majority of women who are currently using modern contraceptive methods preferred were injectables with reasons stated such as the long acting effect, freedom from the fear of forgetting like daily pills dose, convenience, effectiveness, for confidentiality and ease of correct use (23).

The study conducted in Oromia Zone of Amhara Regional State, Ethiopia, showed that education has a positive influence in modern contraceptive utilization. Those women who had at least primary, secondary education and above had good propensity to modern contraceptive practices than the illiterate (25).

2.2. Methods Shift

The study result on changes in contraceptive method mix showed that, the proportion of married contraceptive users relying on the IUD declined from 24% to 20%, and the proportion using the pills fell from 16% to 12%. The share of method mix from inject able rose from 2% to 8% and climbed

from 8% to 26% in Sub Saharan Africa, while the share for condom was 5% to 7%. The overall proportion of users relying on female sterilization ranged from 29% to 39%, reaching 42% to 43% in Asia, Latin America and caribian in 2000-2005; on average the share of all method use accounted for male sterilization remained below 3% for all period This is explained by the fact that rural men culturally consider children as an asset in this study area (19).

Expanding contraceptive choices and providing adequate counseling to women would lead to greater user satisfaction. This would also improve compliance that would in turn reduce contraceptive failure, enhance acceptance (10).

The share of injectables has been on the rise over the last decade from 37.5% in 2000 to 67.2% in 2005 and by 2011 about 72.2% accounted for injectables which indicate that as majority of contraceptive users are shifting to injectable. In 2000 and 2005 the share of implanon was very low at 0.5% and 1.2% respectively. There has been a remarkable shift of implanon to 12% in 2011. The recent data found that only 7.4% of the total contraceptive use was accounted by the pill; this was by far lower than 31.2% and 21.1% respectively of the share of pill in 2000 and 2005 (26).

Depo Provera causes irregularities of the menstrual cycle, including vaginal bleeding between periods. It can cause weight gain in about 25% of those using it. Depo Provera also causes a decrease of high dencity Lipo protein, long term usage of Deo Provera prevents ovulation for several time after utilization stopped. It is therefore not recommended for women trying to conceive during the upcoming year. Depo Provera causes a decrease of bone mass (“ bone dencity”).

CONCEPTUAL FRAMEWORK

The framework related the dependent variables with various categories of the independent variables.

The independent variables are those influenced contraceptive methods preference and shifts.

Program factor: source of information about contraception

factors related to the individuals

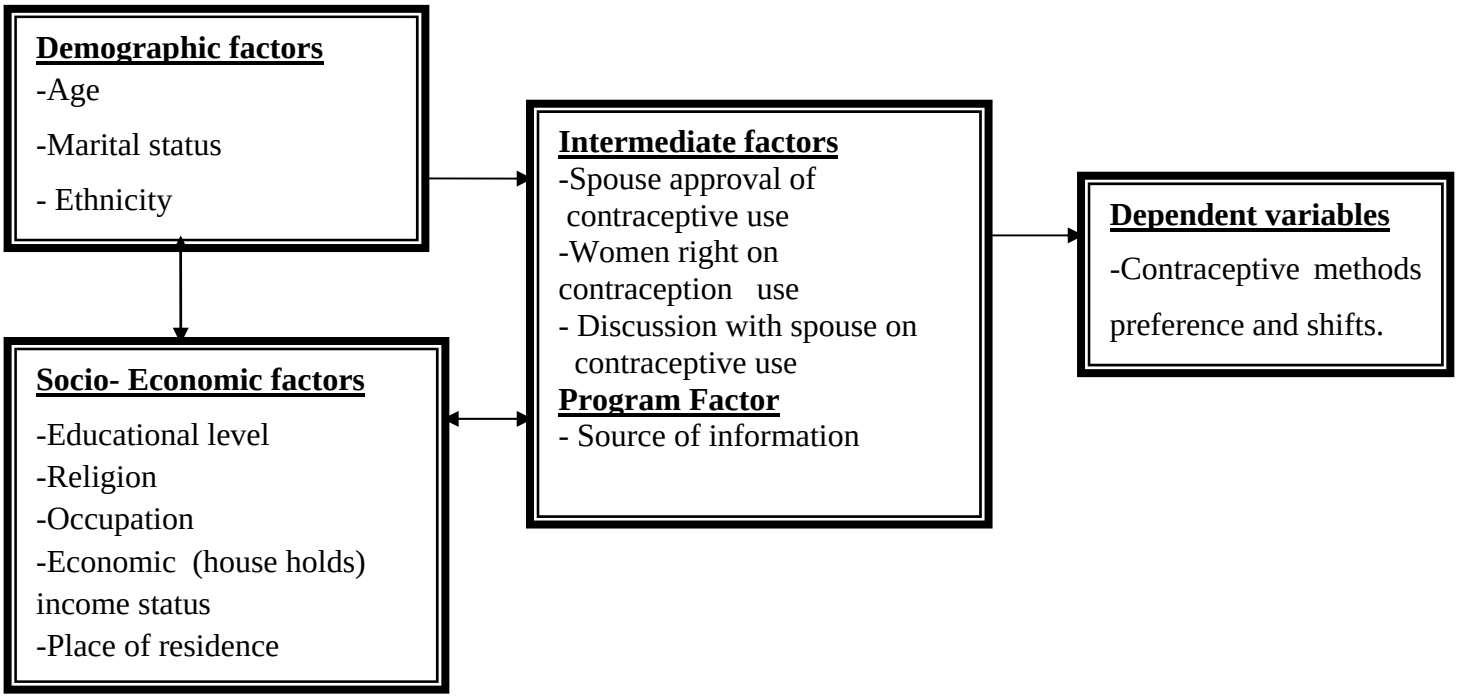

Fig 1.This conceptual framework is modified from measuring unmet family planning need differences material.

3. Objective

3.1. General Objective: This study aims to investigate determinant factors towards contraceptive method preference and shift among women of current users in Boset East Shoa Zone, Oromia Regional State, 2013.

3.2. Specific objectives:

1. To describe the current practices on contraception use by women in the study area**.**

2. To identify contributing factors to contraceptive method preference

3. To assess influencing factors of contraceptive method shift.

.

4. Methods and Materials

4.1. Study area and period:

The study was conducted in East Shoa Zone which is one of 18 Zones, Oromia Regional State. East Shoa is sub divided into 10 districts and 3 urban setting with total population 1408627 and of these, 323984 are women of reproductive age group. Boset district also divided in to 36 rural setting and 4 urban kebeles. There were 6 health centers and 36 health posts fully functioning in this district. Total population of Boset district is 169467. Of this women of child bearing age accounts 38977. Current contraceptive acceptance rate of East Shoa Zone and Boset district as report of the year 2004 EC was 70% % and 75% respectively. The trend of contraceptive method preference before five years (2000) in Boset District was reported as, injectable 40.2% and pills 12.1%.

Study period**:** The study was conducted from March 10 to April 2, 2013

4.2. Study design:

A cross-sectional facility based study with quantitative and qualitative method was used in order to triangulate information**.**

4.3. Source population

All women of child bearing age of East Shoa Zone.

4.4. Study units/subjects

All women of child bearing age currently using contraceptive methods and those who visitted all health centers in Boset district.

4.5. Sample size determination

4 .5.1. Sample size for quantitative study

The required sample size was determined by using a single population proportion sample determination formula considering the following assumptions:

Proportion of 50%, was used because there is no similar study done on contraceptive method shift in the study area.

Level of significances P=0.05

Margin of error=5%

Non response rate=10%

The formula for calculating the sample size was:

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

Where n = Sample size needed

P = Proportion, 0.5 (50%), because there is no similar study conducted in this study area

Z = 95% C.I, 1.96

d = margin of error 5%

With the above assumptions, the sample size was calculated and the overall sample size was found to be 384+38(10%) non-response =422

4.5.2. Sample size for qualitative study

Five focus group discussions which comprise eight members were arranged for discussion. The first and second groups were married women and never married who came for family planning services were purposively randomly selected for discussion. The third and fourth groups were family planning service providers and district experts purposively selected for group discussion. The fifth group was married men selected from community gathering in rural setting namely Dongore chalee peasant association.

4.5.3. Sampling techniques

Of 10 districts of East Shoa, Boset was selected using purposive sampling technique and 6 existing health centers within this district were used as data collection site. The proportion of study subjects was calculated using 2004 EC Family planning performance of each health center. Therefore, the share was calculated and allocated to respective health centers.

Share of sample population among health centers:

Health Center	Proportion(%)	Sample size for each health center
Walinchiti	38.15	161
Bolee	20.14	85
Bofa	18.24	77
Doni	9.24	39
D/Chale	8.05	34
B/Badhaso	6.16	26

4.5.4. Data collection tools

Data was collected using structured and pretested questionnaire. Some standardized questionnaires were adopted from EDHS 2011 and a few questions added.

4.5.5. Data collection methods.

Quantitative data collection method:

The data were collected using pre tested questionnaire. Data collectors were nurses those working in selected facility with ability of speak both Amaric and oromifa language and interviewed the study subjects at health facilities until the required samples have been completed.

Qualitative data collection method:

To support the quantitative study 5 focus group discussions (FGD) were arranged with eight individuals in each group. The group consisted married women, non-married, service providers, district experts and married men. The discussion have been conducted using structured discussion guide in order to obtain more information about contraceptive methods preference and shift in the study area. The member of each groups were selected purposely by the supervisor and principal investigator. Socio-demographic characteristics of the qualitative participants such as age, occupation, marital status, education and religion have been also documented. All discussion sessions were moderated by principal investigator and supervisor. The discussion was recorded using tape recorder and also notes were taken by principal investigator and note taker.

4.5.6 Data collectors

The data collector's were 5 nurses and one health officer who were working in other health centers. Two public health officers were used as supervisor. All data collectors were trained for two days and familiarized with the questionnaire. The supervisors also trained for half day on administrative and technical area. Principal investigator and note taker have discussed on Focus Group Discussion guide and procedures and how to record using taperecorder=.

4.6. Variables

4.6.1 Dependent variable;-

Contraceptive method preference and shift.

4.6.2. Independent variables:

- Demographic factors: age, marital status and ethnicity

- Socio economic factors: Education, occupation, religion, place of residence and income
- Intermediate factors: discussion with spouse on contraceptive use, spouse approval and women right on contraception use
- Program factors: source of information

4.7. Quality control method

The questionnaire which was prepared in English was translated to Amharic and Oromifa; the Amharic version translated by principal investigator and Oromifa version also translated by a person recently graduated in MPH from Jimma University. Comments acquired from relevant experts who graduate in public health and currently working in the study area.

An orientation has been given to supervisors, data collectors and study subjects concerning the whole purpose of the research project, and training has been conducted and data collectors were discussed on the questionnaire.

Moreover, the questionnaire was pre tested in Adama district which accounts 5% of the total sample. In addition the supervisor and principal investigator were perform for 6 days supervision while data collection and about *5%* of randomly selected completed questionnaires were rechecked by principal investigator and supervisor.

4.8. Data processing and analysis

Collected data were cleared; entered using Epi Info version 3.5.3, exported to SPSS version 16 and analyzed. Descriptive statistics, Bivariate and Multivariate (AOR) with 95% confidence interval have been used to show associations between target variables such as; age, occupational status, educational status, access to information and the likes. Those variables significant in this were retained for multivariate analysis to test the net effect of each selected predictor variable on the dependent variable controlling all other variables. Qualitative data was analyzed through, transcription, organizing, coding, categorizing and interpreting procedures manually. For each discussion session 2-3 pages were transcript and results were organized and presented with appropriate methods like tables, and figures.

4. 9 Ethical consideration

The study protocol was approved by the ethical committee of the school of Public Health, Addis Ababa University. An official letter was written by the School of Public Health to Oromia delivery point, and recruiting Regional Health Bureau. This official letter also written in a cascading manner to

Zone, District and health facilities. Discussion was held with concerned bodies at different level in order to reach informed consent. Moreover, the study subjects were informed about the purpose of the study and the importance of their participation in the study with mentioning that their participation is voluntary based. At last collection of data was take place after assuring the confidentiality nature of responses and obtaining oral consent from the study subject. Separate room was arranged around family health service data collectors out of family planning service provider to not affect provider and client relationship and to avoid bias from both directions. Furthermore, informing the client as they are directly benefited from this study. In addition to this, the health facilities and service providers will have the study result to improve family health program.

5. Operational definition:

5.1. Contraceptive method shift:

Changing contraceptive method within modern contraceptive methods.

5.2. Contraceptive methods preference:

Women's choice/willing to use contraceptive method.

5.3. Freedom to contraception:

using any type of contraceptive methods without any interference.

5.4. Current users:

Women who visit health facility for family planning service for first time and repeat.

6. RESULT

From the sampled 422 respondents, we obtained a response rate of 98.8% after excluding 5 incoplete responses.

6.1 Socio-economic and demographic characteristics

As shown in Table 1 below, majority 188(45.1%) of respondents were in the age range of 25-34, married 325(77.9%), Orthodox followers 362(86.8%), Oromo ethnic group 285(68.3%), and 266 (64%) of the respondents were house wives. The proportion of women residing in urban was close to those who live in rural setting 197(47.7%) and 220 (52.3%) respectively. Educational level result showed that 262 (62.8%) of respondents were with no formal education and 48% of the respondents had a monthly household income of 1000 to 2000 Birr.

Table 1. Socio–demographic characteristics of study women of current contraceptive users in Boset, East Shoa, Oromia March 2013

Characteristics	Number(417)	Percent
Age		
15-24	160	38.3
25-34	188	45.1
35-49	69	16.6
Marital status		
Never married	30	7.2
Married	325	77.9
Divorce/ Widowed	62	8.8
Residence		
Urban	197	47.3
Rural	220	52.7
Religion		
Orthodox	362	86.8
Muslim	48	11.5
Others	7	1.7
Ethnicity		
Amhara	109	26.1
Oromo	285	68.3
Others	23	5.5
Education Status		
No education	262	62.8
Primary	109	26.1
Secondary and above	46	10.9
Occupation		
Farmer	32	7.6
House wife	266	63.8
Government employee and Daily laborer	50	11.9
Merchant	53	12.6
Others	16	3.8
Monthly income		
<1000	170	40.8
1000-2000	202	48.4
2001-2599	32	7.4
2600-4000	13	3.1

6.2. Contraceptive method utilization practices:

Almost all study participants had an experience of using contraception which accounts 407 (97.6%) and only 10 (2.4%) were those who visited health facility for the first time during the study period. Majority of them 347 (83.2%) reported as they had information from public health sector, 69 (16.5%) mass media, 65 (15.6%) from school.

Contraceptive methods preferences in the past reported as 235(56.4%) was injectable followed by pills 174(41.7%) and others 8 (2.1%) The response on discussion between husband and wife, only 117(28.1%) have had the experiences of discussion on family planning use and also 116(27.8%) reported as spouse approved contraception use. On the other hand 285(68.3%) of the total respondents have no right to use contraceptive methods they preferred. Of total who have no right 182(67.8%). were interfered by their spouses, 55(20%) religious leaders and 34(12.5%) reported as families interfere women's right on contraceptive use.

More than half (53.2%) of total respondents were reported as they shifted contraceptive method and majority of them (75.7%) were shifted to injectable, (9.5%) condom, (7%) implanol, (6.3%) pills and only (%0.9) were shifted to IUCD.

6.1.3. Contraceptive methods preference among current users

The results of contraceptive methods preference showed that 351(84.2%) of respondent preferred injectable, 47(11.3%) implanol and only19(4.6%) preferred oral contraceptive pills. Some of the reasons for oral contraceptive pills preference reported as fewer of side effect 14(73.7%), convenience 2(10.5%), easily available 2(10.5%) and only 1(5.3) mentioned as it is reversible. Reasons reported for inectable preference were shown as it is convenient to use 177(49.9%) followed by fear of spouse 125(35.3%), safe time 120(33.8%), provider advice 89(25.1%), long acting 60(16.9%), easy to use 29(8.2%) and 66(18.8%) others like fear of family and as it is reversible. *FGD discussants reported reasons for why inject able is preferred were, confidentiality issue, fear of side effect of other methods and cultural influences.*

Implanol is the other contraceptive method preferred with the reasons like it is long acting 41(83.7%), nothing to remember 5(10.2%) and highly effective 2(4.1%) was the major once.

All except men group were invited to discuss on factors influencing contraceptive method choice and most of the participants sited, spouse disproval and provider advice were the major affecting factor women preference in this area.

Table 3:-Current contraceptive method preference among women of current users, Boset, East Shoa, Oromia, March 2013

Characteristics	Number	Percent
Current Methods Preferred (n=417)		
Injecteble	351	84.2
Implanol	47	11.3
Pills	19	4.5
Reasons for pills preference(n=19)		
Fewer of side effect	14	73.7
Convenient	2	10.5
easly available	2	10.5
Reversible	1	5.3
Reason for injectable preference(n=345)		
Convenient	177	49.9
Fear of spouse	125	35.3
Safe time	120	33.8
Provider advice	89	25.1
Long acting	60	16.9
Easy to use	29	8.2
Others	66	18.8
Reasons for implanol preference (n=47)		
Lon acting	41	83.7
Nothing to remember	5	10.2
Highly effective	2	4.1

- Reversible: Possible to be pregnant after discontinuing the method

6.1.4. Contraceptive methods preferred for future

Among future contraceptive method preference 309(74.1%) prefer injectable method, 92(22%) prefere implanol and 13(3.1%) IUCD, 2(0.5%) pill and only 1(0.2%) mentioned as tubal ligation to continue using in the future. *FGD participants discussed about contraceptive method widely used in the future and majority of them believed that as injectable will be the leading followed by implanol*.

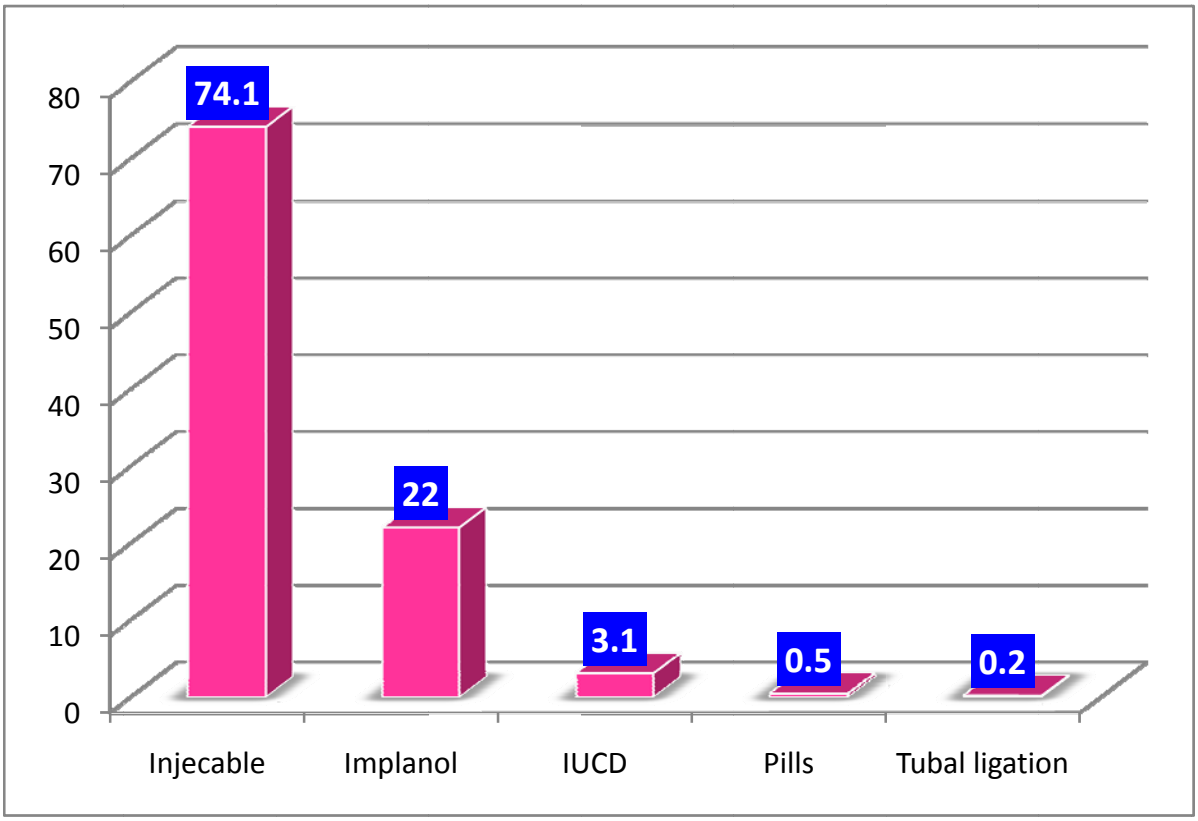

Figure 2- Distribution of Contraceptive Method Preferred in future among current users in Percent, Boset, East Shoa, 2013

6.1.5. Contraceptive methods preference in relation to socio demographic characteristics, East Shoa, Oromia 2013.

Some variations in contraceptive methods preference among study participants were identified and presented on table 4. Of different contraceptive methods, Injectable (84.4%), implanol (11.3%) and pills (4.5%), were currently preferred and widely used methods in the study area. Almost all FGD participants sited that inject able contraceptive method was the popular and widely used in this area. The distribution of these preferences among different age group was indicate that pills preferred more likely at age of 25-34 which accounts (55. 6%), injectable preferred at the same age (44.9%) and iplanon at the age of 15-24. The distribution of contraceptive methods preference among different marital status also revealed as there is no significant differences. Consequently, contraceptive preference among urban and rural dowellers reported as large proportion (83.3%) of urban preferred pill and only (16.7%) of rural preferred pills. In contrary, (55.1%) of rural dwellers and (44.9%) of urban were preferred injectable. The distribution of implanol preference also reported as (55.3%) urban and (47.9%) rural dwellers preferred implanol. There is statically significant between residence and contraceptive preferences (P-0.003).

Religion in relation to contraceptive method preference was one of the social characteristics assessed and presented with less likely related to the dependent variable. The distribution of different methods preference among different religious group have showed that, as the large proportion of injectables preferred by orthodox (85.1%) and followed by Muslims (77.1%). Of total orthodox respondents (5.0%) preferred oral contraceptive pill and only (2.1%) Muslims preferred pills. Distribution of Impanlanol preference among different religious group also showed that, as (9.7%) preferred by orthodox (20.0%) by Muslim. Even though, some variation has observed, religion haven't statistical significant (P 0.38). Regarding distribution of methods preference among ethnic group, injectable was the large proportion among Oromo ethnic group which accounts (86.0%). Beside this, pills (9.2%) were preferred by Amhara and (2.8%) by Oromo ethnic group and this result indicate as there is significant association between these variables (PV. 000). The results of methods preference in relation to education have showed that, women of had no formal education were reported as a large proportion preferred injectable (86.0%), of those educated (78.3%) preferred injecable. In addition to this, the result revealed that as educational level increased injectable method preference relatively decreased. In case of oral contraceptive pill and Implanol, the proportion of utilization increases as

educational level increased. The distribution of contraceptive methods preference in relation to occupational categories found to be no significant variation. Therefore, occupation has no association with contraceptive preference (PV 0.28).

Table 4:- Distribution of Current Contraceptive method preference in relation to Ssocio-demographic Characteristic, Boset, East Shoa, Oromia 2013.

Characteristics	**Methods currently preferred**			**Total**	**Chi-square & Pv**
Age	**Pill**	**Injectable**	**Implanol**		
15-24	5(27.8%)	134(38.1%)	21(38.1%)	21(44.7%)	1.99
25-34	10(55.6%)	158(44.9%)	20(10.6%)	188(45%)	0.74
35-49	3(16.7$)	60(17.0%)	6(12.8%)	69(16.5%)	
Marital status					
Never married	2(6.7 %)	23(6.8%)	5(16.7%)	30(7.2%)	7.45
Married	15(4.6%)	276(84.2%)	34(10.6%)	325(77.9%)	0.28
Divorced &widowed	2(3.2%)	52(83.9%)	7(11,3%)	61(14.6%)	
Residence					
Urban	15(83.3%)	158(44.9%)	26(55.3%)	199(47.7%)	11.37
Rural	3(16.6%)	194(55.1%)	21(44.7%)	218(52,3%)	0.03
Religion					
Orthodox	18(5.0%)	309(85.1%)	35(9.7%)	362(86.8%)	
Muslim	1(2.1%)	37(77.1%)	10(20.8%)	48(11.5%)	6.43
Others	0	6(85.7%)	1(2.1%)	7(1.7%)	0.38
Ethnicity					
Amhara	10(9.2%)	86(78.9%)	13(11.9%)	109(26.1%)	25.66*
Oromo	8(2.8%0	245(86.0%)	32(11.2%)	285(68.3%)	0.000
Others	1(4.3%)	20(87.0%)	1(4.3%)	23(5.5%)	
Education					
No education	9(3.4%)	226(86.0%)	27(10.3%)	262(62,8)	6.28
Primary	6(5.5%)	89(81.7%)	14(29.8%)	109(26.1%)	0.39
Secondaryand above	4(8,7%)	36(78.3%)	6(13.9%)	46(11.1%)	
Occupation					
Farmer	0	29(90.8%)	3(9.4%)	32(7.7%)	
House wife	9(3.4%)	227(85.3 %)	30(11.3%)	266(63.5%)	14.42
Government employee & daily laborer	4(8.0%)	40(80.0%)	5(4.310.0%)	50(12.0%)	0.28
Merchant	5(9.4%)	42(79.2%)	6(11.3%)	53(12.7%)	

6.1.6. Contraceptive Method Shifting Practices.

More than half (53.2%) of total respondents reported that they shifted contraceptive method where majority of (75.7%) shifted to injectable, (9.5%) to condom, (7.7%) to implanol, (6.3%) to pills and only (%0.9) shifted to IUCD. *All FGD have discussed on contraceptive utilization trend and they reported the widely preferred contraceptive method was oral contraceptive pill in the past and currently clients are shifting to injectable in present time.*

Factors contributed to method shift listed by respondents were, for confidentiality (44.3) followed by fear of spouse (37.8%), provider advice (13.5%), and (6.4%) for others reason including long acting and fear of side effect. *As of four group report, contributing factors to method shift are fear of spouse, confidentiality issue, provider advice and peer influences are the major once*.

Women group, service providers and district health office experts were discussed in detail on association between service delivery and contraceptive method shift. Majority of women group mentioned that one shot injectable safes time, accessibility of short acting method and provider advice are some factors contributed to method shift. Service providers also reported that counseling is usually focused on short acting method particularly on injectable. In addition to this, district health office experts also discussed on this issue and almost all of them cited that service provider are counseling poorly and pushing clients to depo provera were the critical points.

Table5. Contraceptive Method shift with reported reasons of women of current users, Boset, East shoa, Oromia, 2013

Characteristics	Number (n=417)	Percent
Contraceptive method shifting practices		
Yes	222	53.2
No	195	46.8
Experiences of Shifting to different methods		
Injecable	168	75.7
Pills	14	6.3
Implanol	17	7.7
Condom	21	9.5
IUCD	2	0.9
	222	
Reasons for method shift		
For confidentiality	97	44.3
Fear of spouse	83	37.8
Provider advice	30	13.5
Others	12	6.4
	222	

6.3. Women's right to use contraceptive method they prefer in relation to socio demographic characteristics, Boset, East Shoa, Oromia 2013.

Of total 403 responses (65.0%) reported as they have no right to use contraception and (31.7%) reported as they have right on contraception use. *"One of participants from married and 32 years old women claimed that as women have no right to use any contraceptive method they choose. She said "women have no right to use contraception. So that, women's right needs to be reserved*". Men group also said that "*even thought women have given a right; still men are decision makers on contraception use". ". Family planning service provider discussants also reported that women are suffering of husband influences. One of the experiences one mid wife nurse reported as husband imposed his wife to remove implanol within the day she inserted implanol, was one of the striking event they come up with. In addition to this, majority of district health office experts and service provider participants have reported that due to fear of spouse, women obligated to hide their card with their relatives or friends.*

Women's right to use contraception increased a age of the women increased. At age of 15-24 women's right appears (21.9%), whereas at the age of 35-49 the proportion of women who perceived that they have right increased to (49.3%) and the difference is statistically significant (PV 0.000). Distribution of women's right to use contraception among urban residence indicated that (41.1). Pertaining religion, the obtained information revealed as a big difference among Orthodox and Muslim. For instance, of Orthodox participants (37.6%) had right to use contraception. The overall difference among all religious groups likely associated with women's right to use contraception and statistically significant (P V 0.000).

The results of women's right in relation to different ethnic groups were revealed that, Amhara (43.1%) and Oromo (28.1%) which showed low in Oromo ethnic group. The other social variables like, Education and occupation of the participants were included in the analysis. Interns of education, the low proportion of women (26.0%) with no education indicated that as they have right to use contraception and (65.2%) of women with secondary and above educational level has right to use contraception. The variation between educational levels was logically presented as education has considerable relationship with right of women to use contraception. Regarding occupation, the results showed some variation in right to use contraception. The proportion of women's right on

contraception distributed among different occupation and large proportion was for government employee (57%) and the least proportion was (29.3%) which stands for house wives..

Table 6:- Women's right to use contraceptive method they prefer in relation to selected socio-demographic characteristics

Characteristics	Women's right		Total	Chi- square
Age	Yes	No		
15-24	36(21.9%)	123(77.5%)	159	
25-34	66(33.5%)	122(63.3%)	188	35.11*
35-49	34(49.3%)	34(40.6%)	68	.000
Residence				
Urban	81(41.1%)	108(54.8%)	189	14.26*
Rural	65(25.2%)	162(71.6%)	217	.027
Religion				
Orthodox	135(37.3%)	226(59.1%)	361	
Muslim	2(4.2%)	45(91.7%)	47	25.53*
Others	0	7(100%)	7	.000
Ethnicity				
Amhara	47((43.1%)	62(55.0%)	107	
Oromo	80(28.1%)	204(68.1%)	274	12.51*
Others	10(43.5%)	13(47.8%)	21	.052
Education				
No education	68(26%)	194(69.0%)	251	
Primary	39(35.8%)	69((60.6%)	105	31.57*
Secondary &above	30(65.2%)	16(34.8%)	46	.000
Occupation				
Farmer	15(46.9%)	17(37.5%0	27	
House wife	81((88.8%)	183(69.8%0	264	
Government employee & daily laborer	15(30.0%0	35(68.0%)	49	44.12*
Merchant	22(41.5%)	30(47.2%)	47	.000
Others	4(25,0%)	11(68.8%)	15	

6.4. Contraceptive method shift in relation to socio- demographic characteristics, Boset, East Shoa, Oromia, March 2013.

In this study the odds of contraceptive method shifting practices less likely associated with some socio- demographic characteristics like, age group 15-24 crude OR = 0.37, 95% CI(0.19,0.74) and of age group 25-34 crude OR=0.5, 95%CI (0.29,1.02). Never married women crude OR=0.27, 95%CI (0.09, 1.02) and of married women crude OR=0.33, 95%CI (0.15, 0.74). Urban dwellers also less likely associated with method shift, crude OR= 0.58, 95%CI (0.33, 1.02). The odds of religious groups found to be similar and Oromo ethnic group crude OR=0.58, 95%CI (0.22, 1.55).

However, there was no statistically significant association between contraceptive method shift with some socio-demographic characteristics like, educational status, occupation and monthly income (Table7).Therefore, multivariate analysis can identify the net effect on contraceptive method shift among this study subjects.

Table7:- Bivariate analysis for contraceptive method shift in relation to socio-demographic characteristics, Boset, East Shoa, Oromia, March 2013.

Characteristics	Yes	No	Crude OR (95%CI)
Age			
15-24	68	92	0.37(0.19, 0.74)*
25-34	104	84	0.5(0.29, 1.02) *
35-49(R)	50	19	1.00
Marital status			
Never married	10	20	0.27 (0.09, 1.02) *
Married	164	163	0.33 (0.15, 0.74) *
Divorced & widowed	48	14	1.00
Residence			
Urban	102	97	0.58 (0.33, 1.02) *
Rural (R)	120	98	1.00
Religion			
Orthodox	195	169	0.45 (0.08, 0.80) *
Muslim	22	26	0.44 (0.07, 2.62) *
Others (R)	5	2	1.00
Ethnicity			
Amhara	60	49	0.81 (0.30, 2.18)
Oromo	149	136	0.58 (0.22, 1.55) *
Others (R)	13	10	1.00
Education			
No education	142	120	1.0(0.49, 2.08)
Primary	59	50	1.39 (0.68, 2.92)
Secondary & above (R)	21	25	1.00
Occupation			
Farmer	22	10	1.18 (0.28, 5.00)
House wife	136	130	1.27 (0.38, 4.24)
Government employee/daily laborer	20	30	0.94 (0.26, 3.39)
Merchant	37	16	1.18 (0.28, 5.00)
Others (R)	7	9	1.00
Monthly income			
<1000	81	89	1.14 (0.34, 3.79)
1000-2000	117	85	1.53 (0.46, 5.02)
2001-2599	18	14	1.30 (0.33, 5.13)
2600-4000 (R)	6	7	1.00

6.5. Multiple logistic Regression Analysis for contraceptive method shift in relation to socio-economic and demographic characteristics, East Shoa, Oromia 2013.

In order to identify the individual effect of socio- economic and demographic characteristics on contraceptive method shift, binary and multiple logistic regressions were estimated. As the result indicated in detail in (Table 8), age groups have statistically positive association with contraceptive method shift. For example, women who have practiced contraceptive method shift were high at younger age 15-24 years (AOR:2.71,95%CI,1.38,5.32). On the other hand, marital status also positively related to method shift in multivariate analysis tests. The result of contraceptive method shift among women of never married (AOR: 4.19,95%CI,1.40,12.55) and among married (AOR:2.98/95%CI,1.55, 6.59). After controlling for the confounding effect to socio-economic and demographic variables, age and marital status were found to be significantly associated with contraceptive method shift (Table 8).

Table 8:- Multivariate analysis of contraceptive method shift in relation to socio-demographic characteristics East Shoa, Oromia 2013.

Variables	Contraceptive method shift		Crude OR (95%CI)	Adjusted OR (95%CI)
	Yes	No		
Age				
15-24	68	92	0.37(0.19, 0.74) *	2.71 (1.38, 5.32) *
25-34	104	84	0.54(0.29, 1.02) *	1.89 (1.01, 3.53) *
35-49 (R)	50	19	1.00	1.00
Marital status				
Never married	10	20	0.27 (0.09,1.02) *	4.19(1.40, 12.55) *
Married	164	163	0.33 (0.15,0.74) *	2.98(1.55, 6.59) *
Divorced & widowed (R)	48	14	1.00	1.00
Residence				
Urban	102	97	0.58 (0.33, 1.02) *	1.71 (0.98 , 2.99)
Rural (R)	120	98	1.00	1.00
Religion				
Orthodox	195	169	0.45 (0.08, 0.80) *	2.38 (0.44, 12.92)
Muslim	22	26	0.44 (0.07, 2.62) *	2.48 (0.42, 14.66)
Others(R)	5	2	1.00	1.00
Ethnicity				
Amhara	60	49	0.81 (0.30, 2.18)	1.09 (0.41, 2.89)
Oromo	149	136	0.58 (0.22, 1.55) *	1.31 (0.51, 3.33)
Others (R)	13	10	1.00	1.00
Education				
No education	142	120	1.01(0.49, 2.08)	0.94(0.46, 1.91)
Primary	59	50	1.39(0.68, 2.92)	0.73(0.35, 1.53)
Secondary and above (R)	21	25	1.00	1.00
Occupation				
Farmer	22	10	1.18(0.28,5.00)	0.83(0.19, 3.48)
House wife	136	130	1.27(0.38,4.24)	0.79(0.24, 2.59)
Government employee and daily laborer	20	30	0.94(0.26,3.39)	1.41(0.41, 4.92)
Merchant	37	16	1.18(0.28, 5.00)	0.57(0.16, 2,02)
Others (R)	7	9	1.00	1.00
Monthly income				
<1000	81	89	1.14 (0.34, 3.79)	0.89 (0.26, 2.91)
1000_2000	117	85	1.53 (0.46, 5.02	0.66 (0.20, 2.15)
2000-2500	18	14	1.30 (0.33, 5.13)	0.77 (0.20, 3.04)
2600-4000(R)	6	7	1.00	1.00

* Statistical significance

R: Referent category

7. Discussion

It is a fact that contraceptive method preference is an important component in quality of family planning service. Existence of women's right to prefer different methods increases contraception continuation and overall use of contraception 407(97.6). This study have identified that the leading, currently preferred and used methods. Injecable Implanon and oral contraceptive pill preferred in the study area. This finding is similar with study done in Ethiopia and other elsewhere (12, 18, and 19). In this report, oral contraceptive pill preferred less than 5% compare to other contraceptive methods which needs explanation for this wide range of preferences. The most widely preferred contraceptive method was injectable (84.4%). This finding is higher than of IN-DEPTH analysis of EDHS made by UNFPA in Ethiopia and different with study conducted in Indonesia where oral pills are the most preferred method, Reasons for pills preference were identified as it is for fear of side effect (70.3%), easily available and convenient to use were some of the reasons reported.

Injectable was also preferred, for the reasons of convenient (49.9%), save time, fear of spouse and provider advices were some of the major reasons. This finding was also supported by the findings of focus group discussion and consistent with a cross sectional study conducted in in Bahirdar (2002), Mojo (2011) and seven developing countries (23, 14, 5). Implanol also preferred for the reasons of long acting (83.7%), and nothing to remember were some of the top reasons which is similar result of study conducted in Jakarta and Bahirdar (16, 23). The reason for high concentration of contraception utilizers to injectable would be due to provision of poor quality family planning services.

Women of 25-34 age groups were more preferred oral contraceptive and injectable methods than other methods. Of total pills preferred women (83.3%) were urban dwellers and only (16.7%) were from rural setting. Uneducated women preferred injecatble ((86.0%)%) and (78.3%) were shared by secondary and above. A similar pattern was also obtained in study conducted in rural Bangladesh (17).

(74.1%) of women futre preference were injecatable followed by implanol (22%) and the least were IUCD and pills ((3.1%) , (0.5%) respectively. This results also supported by focus group discusants. This finding is consistent with study done in Ethiopia (12).

Contraceptive method shift was revealed the major possible factors associated to the problem. Total of 222 (53.2%) of the study participants were reported as they shift from the previous contraceptive method they have started prior to the study period. Majority of them (75.7%) were shifted to injectable and the minority (7.7%) were shifted to Implanol. This study result was similar with IN-DEPTH analysis made by UNFPA which revealed that the share of injectable has been on the rise over the last decade from 37.5% in 2000 to 67.2% in 2005 and by 2011 about 72.2%. Reported factors contributed to contraceptive methods shift were, for confidentiality, fear of spouse provider advice, others like fear of side effect of other methods were some of the reasons for contraceptive methods shift (20).This finding also supported by FGD. This fast shifting trend to only injectable may affect family planning program due to it's potential side effect like excessive bleeding, decreased bone density, sterility and overweight. Therefore, program managers and implementers needs to be aware and design strategy to avert this problem.

In the bivariate analysis the odds of contraceptive method shifting practices found to be less likely associated with some socio-demographic characteristics like, age group, marital status, Religion place of residence and Ethnic groups.

The result in multivariate analysis showed that as age group has statistically positive association with contraceptive method shift. For example, women who have practiced contraceptive method shift were high at younger age 15-24 years with (AOR: 2.71, 95%CI, 1.38, 5.32). This could be due to factors contributed to method shift discussed earlier. On the other hand, the result of contraceptive method shift among women of never married (AOR: 4.19, 95%CI, 1.40, 12.55) which was higher than married women (AOR: 2.98, 95%CI, 1.55,6.59). This may be due to cultural influence like pre marital sex practice is considered as bad experience which in turn affect women's choice and make them to shift the method for secrecy purpose.

Although, demographic factors were important in determining contraceptive method shift, in multi variate analysis some of them were proved as insignificant association. For instance; Place of residence, Religion, Education, Ethnicity, Occupation and monthly income didn't show a significant association with contraceptive methods shift.

Women's right on contraceptive method preference also assessed and the findings showed (65%) of the total study participants were reported as they have no right on using any type of contraceptive they prefer..This finding was supported by FGD results. This result is consistent with study done in Jakarta

(Ruth S and etal). Women's right on contraceptive method preference positively associated with selected socio demographic characteristics.

Women at younger age 15-24 were found less likely to have right to use contraceptive methods they preferred and higher at age 35-49. This may be due to socio economic and cultural factors in this community. In general age is found to be positively associated with contraceptive methods preference and use (Pv 0.00). Residence, also one of the social characteristic related with women's right to choose and use contraceptive methods. Of total rural study participants, (71.6%) were reported as they have no right to use any types of contraceptive methods they preferred. This finding is similar study done in rural Bangladesh (17).This was also strengthened by FGD. This could be due to lack of awareness on their right and poor empowerment of rural women. Ethnicity, education and occupation were likely associated with right of women on contraceptive methods preference and use (pv 0.01). Religion was found to be a serious problem of women's right on preference and use of contraception. Of total women who had right, only (4.2%) Muslims were had right to use contraceptive methods they preferred (p 0.00). Reported reasons that affect women's right on contraceptive method preference and use were interference of spouse (67.8%) and religious leaders (43.4%) were some of the problems study participants were reported (20, 23). This result is also supported by FGD. This result is similar with study conducted in Hosana (Tuloro T,2006). This result suggests that the impotence of involvement of religious and family institution in family planning program at large.

A spouse approval of contraception use appears to be an important factor in reproductive control behavior, perhaps this study revealed that (76%) of study participants found to be disproved by their spouse on contraception use. This result is supported by FGD and also consistent with study conducted on determinants of family planning practices in Jimma (bekele A and etal 2006). This will help program implementers to focus on men in awareness creation activities.

In conclusion, this study has indicated that the gap in reproductive right particularly in family planning utilization practices of women. In addition to this, even service providers take some share in contraceptive methods choice of the women. This is evidenced by Focus Group Discussants that as providers pushes women to injectable methods. The study conducted in Israel on Ethiopian community revealed as injectable causes infertility, weight gain, excessive bleeding, decrease bone density are the major health problems. Therefore, program managers should consider these potential side effects of Depo Provera , strengthening counseling service and accessing women to other methods in particular to long acting methods.

8. Strengths and limitation of the study

8.1. Strengths

In this study, Quantitative and qualitative methods were used and these methods were qualifies the research outcome. Study subjects were selected using random sampling which avoids selection bias.

8.2. Limitation

This study participated only women those currently on contraceptive use which exclude others like those unutelizers and Couples.

9. Conclusion

- This study found that as there was awareness gap between short acting and long acting contraceptive methods. Because, injectable was the most popular and widely used method where the safe and long acting methods like IUCD and permanent methods found to be neglected.

  This may help to design and implement effective strategy to improve family health program.
- Contraceptive method Shift was remarkably increased and seems to be high in the study area. Contributing factors to contraceptive method shift identified as miss conception, poor counseling services, partner influence were the major once. These indicate poor quality of family planning service in general.
- Majority of women have no right to use contraceptive method they preferred. Thus, they were obligated to use the method convenient to them for secrecy.
- Finally, this study may be a base line and will be initiate other researchers to do further studies in this area especially women's right to use contraception use.

10. Recommendations

- In this study, we have tried to identify and present some important gaps to be filled by government and community at large. There are some important points picked from quantitative and qualitative information.
- Addressing the issue of interference of contraception use, by promoting the benefits of small family size. Increase family planning awareness and utilization through involvement of community members particularly men.

- Improving empowerment and educational status of women which would in turn improve women's selection of proper contraceptive method and the right they have on contraception use.

- Accessing women through availing long acting methods, proper counseling to improve quality of service and awarding them on reproductive right.

- Improving capacity building of service providers on long and short acting, with more emphasis on long acting to reduce provider's bias.

- Involving other institutions like, religious, school, and community based organizations to tackle family planning program barriers identified by this study.

- Finally, Further research ,

  Qualitative study on both Couples to explore and improve women's right on contraception use.

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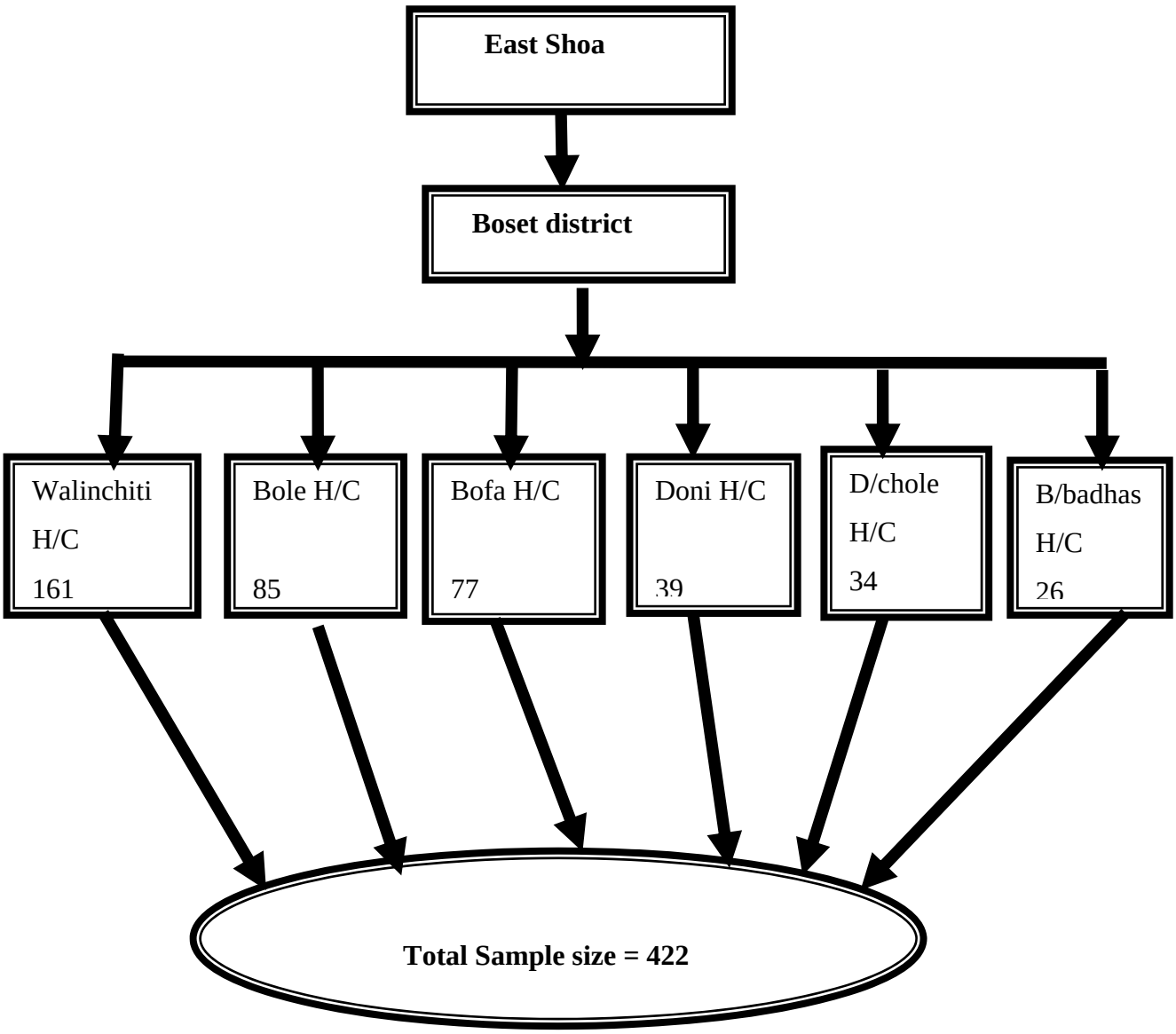
ANNEXES

Annex 1- Schematic presentation of sampling techniques



Annex-2: Information sheet

Annex 2; information sheet

Annex 2; information sheet of English version

Hello, my name is……and I am going to conduct an interview with you on behalf of Mr Deriba Degefa a post graduate student at Addis Ababa University, School of Public Health. He is now conducting a research entitled " To assess contraceptive methods preference and shift" among current users in Boset, East shoa administrative Zone. I would like to ask you about contraceptive methods preference and shift. The purpose of this interview is to conduct scientific research that may help us to identify problems of the program and forward some recommendation to concerned bodies that will help to improve the existing efforts. You may not get additional benefits if you volunteered for the study.

I have received a permission from the Zone and District to conduct this study. The interview just takes a few minutes. Your response will help family planning implementers to better understand the current situation. Your answer will be completely confidential, and if at any time during the interview you want to stop answering questions, you are free to do so. If you are willing to participate, you will be required to provide written informed consent before the interview. If you have any questions or if something is not clear, please feel free to ask. You can contact the investigator and/or the advisor and ask any query you have at any time. Investigator and advisor's name and address.

Deriba Degefa
East Shoa Health Department
Tel: 0221118130
Mobile: 0911840123
Advisor's name and address: Dr Demeke Assefa, Addis Ababa University, School of Public Health, Addis Ababa
Mobile: 0911407663

Annex-3: Consent form

I, the undersigned participant, have been informed about the study that assessment of contraceptive methods preference and shift. I have been requested to reply answers for the questions asked by the data collectors, after I have been briefed that there are no direct benefits is have the right to withdraw from the study and this will not have any consequence. I have been given enough time to think over before I give my consent to participate in this study and I understand my personnel information will be kept confidential and will be used solely for this study In addition, I have been well informed that my name will not be asked and unique identifications not required. My agreement to participate in this study is with the assumption that, the information that I provide will help to improve family planning service.

Signature of the participant: _____Date_____

Signature of the data collector: _____Date_____

Checked by supervisor:_____ signature _____Date_____

For any in convenience or problem, you can contact the principal investigator.

Phone: 0911840123,

Identification			
No	Questions	Response	Code
001	Questionnaire number	☐ ☐ ☐ ☐	
002	Identification of interviewer	☐ ☐	
003	House number /peasant association	Woreda_____ Kebele_____ Hose No_____ Name of PA_____	
004	Date of interview(Ethiopian calendar)	/_____/____/_____/	

Questionnaire

	Introduction **Section I: socio Economic & demographic characteristics**		
101	What is your age?	Inter your last birth date_____	
102	What is your marital status?	1. Never married ☐ 2 Married ☐ 3. living together ☐ 4. Divorced/separated ☐ 5. Widowed ☐	
103	Residence	1. Urban ☐ 2, Rural ☐	
104	What is your religion?	1. Orthodox ☐ 2. Catholic ☐ 3. Protestant ☐ 4. Muslim ☐	

		5. Others ☐ 6. Missing ☐	
105	What is your ethnicity?	1. Amhara ☐ 2. Oromo ☐ 3. Tigrie ☐ 4. Gurage ☐ 5. Others ☐	
106	Educational level of respondent	1. No education ☐ 2. primary ☐ 3. Secondary ☐ 4. More than secondary ☐	

107	Occupation of respondent	1. Farmer ☐ 2.Student ☐ 3.House wife ☐ 4. Government employ ☐ 5. Daily Laborer ☐ 6. Merchant ☐ 7.Comercial sex worker ☐ 8. Jobless ☐ 9. Other ☐	
108	Monthly total house hold income	Enter the number in Birr_____	
109	How many oxen do you have? (for farmers only)	!. One 2. Two 3. More than three 4. None	
	Section II: General knowledge about Modern Contraceptives		
201	Do you know any contraceptive methods?	1. Yes ☐ 2. No ☐	

		3. No response ☐	
202	If yes to question 301, what was source of information about modern contraceptives methods?	1 Public Health sector ☐ 2. Private health sector ☐ 3. Health extension ☐ 4. NGO ☐ 5. Pharmacy ☐ 6. Mass media ☐ 7. Print media ☐ 8. School ☐ 9. Spouse ☐ 10. Friend ☐ 11. Relative ☐ 12. Others_____	

203	What contraceptive method do you know?	1. Pill ☐ 2. IUD ☐ 3. Inject able ☐ 4. Condom ☐ 5. Norplant ☐ 6. Diaphragm ☐ 7. Spermicidal ☐ 8. Female sterilization ☐ 9. Male sterilization ☐ 10. Lactating Amenorrhea ☐ 11. Withdrawal ☐ 12. Calendar method ☐ 13 Others_____	

Section III: Use of contraceptive methods			
301	Have you ever used contraceptive?	1. Yes ☐ 2. No ☐ 3. No response ☐	
302	What was the method you preferred at your first visit?	1. Pill ☐ 2. IUD ☐ 3. Injetable ☐ 4. Condom ☐ 5. Norplant ☐ 6. Diaphragm ☐ 7. Spermicidal ☐ 8. Tubal ligation ☐ 9. Male sterilization ☐ 10. Others_____	
303	Have you ever discussed with your spouse on using family planning?	1.Yes ☐	

		2. No ☐ 3. No response ☐	
304	Did your spouse approve you to take modern contraceptive?	1. Yes ☐ 2. No ☐ 3. no response ☐	
305	Do you have full right to use any type of contraceptive method youp Preferred?	1. Yes ☐ 2. No ☐ 3. No response ☐	
306	If Que 305 is No, who interfere your choice? (put sign for multiple answer)	1. Family ☐ 2. Spouse ☐ 3. Pear group ☐ 4. Religious leader ☐ 5 Others specify_____	
307	Did you shift the previous method to any other method?	1 Yes ☐ 2. No ☐ 3. No response ☐	

308	If yes to Que No 307, to what method did you shift? (multiple answers possible)	1. Pill ☐ 2. Injectable ☐ 3. Norplant ☐ 4. IUD ☐ 5. Condom ☐ 6. Diaphragm ☐ 7. Spermicidal ☐ 8. Tubal ligation ☐ 9. Male sterilization ☐ 10. Others_____	
309	What makes you to shift to 0ther contraceptive method (multiple answers possible)	1. Fear of side effect 2. For confidentiality ☐ 3. Preferred method ☐ is not available 4. Relatively long acting ☐ 5. Distance from facility ☐	

		6 Fear of spouse ☐ 7. Peer influence ☐ 8. Provider advice ☐ 9 family Influence ☐	
Section IV: Perception on Method preference amongcurrent contraceptive methods users			
401	Which method are you currently using? (multiple answers possible)	1. Pill ☐ 2. IUcD ☐ 3. Injectable ☐ 4. Condom ☐ 5. Norplant ☐ 6. Diaphragm ☐ 7. Spermicidal ☐ 8. Female sterilization ☐ 9. Male sterilization ☐ 10. Others_____	
402	Do you have freedom to use contraceptive method you	1. Yes ☐	

	preferred	2 No 3. no response ☐	
403	If No Quest 402 why? (multiple answer possible)	1. Family pressure ☐ 2. Spouse influence ☐ 3. Pear influence ☐ 3. Cultural taboo ☐ 4. Others, Specify_____	
Questions 404, for women who prefer pill			
404	Why do you prefer pill?	1. Very effective 2 It is convenient 3. Reversible 4. Fewer side effects 5. easily available 6. Others specify	
Question 405, for who prefer IUD			
405	Why do you prefer IUD	1. Very effective	

		2. It is convenient 3. Reversible 4. Easley available 5. Fewer side effect ☐ 6.Others specify_____	
	Question 406, for who prefer inject able:		
406	Why do you prefer injectable?	1. Highly effective 2. Reversible 3. Relatively long acting 4. Ease for correct use 5. Convenient 6. Provider advice 7. It safes time 8. Fear of family 9. fear of spouse 9. Others specify_____	

407	Why do you prefer Norplant?	1. Highly effective ☐ 2. Long acting ☐ 3. Reversible ☐ 4. Nothing to remember ☐ 5. Convenient ☐ 6. Others specify_____	

	Question 408, for women who prefer condom		
408	Why do you prefer condom?	1. Effective ☐ 2. Convenient ☐ 3. Can be easily obtained ☐ 4.Rare side effect ☐	
409	Which contraceptive method do you preferred to continue taking in future?	1. pills ☐ 2. Injectable ☐ ☐	

		3. IUCD 4. Condom ☐ 5. Female sterilization ☐ 6. others_____	

The End!

Thank you!

Interviewer

Name_____

Signature_____

Date_____/_____/_____/

Supervisor

Name _____

Signature_____

Date_____/_____/_____

Annex- 4 : Information sheet of “Oromofa” version

Hello, maqan ko_____qo’annoo obboo Diribaa Dagafaa degrii eeba booda university finfinne walin gageessanif, gaafii isiin walin gageessun barbaada. Mata duren qo’annoo inni gageessus, sakata’insa filannofi jijjirra malam qussannoo maatii dubartoota amma fudhachaa jiran irrati aanaa Bosat, Godina shawa Bahati gageefamudha. Anis kanin isiin gaafachuu barbaadu, wa’ee filannofi jijjirraa mala qussannoo maatii ta’a. Kaayyon gaafii kanas, qo’annoo sayinsawa ta’e fi rakkowwan sagantaa kanaa adda baasudhan, fumaata isaa qaama dhimmi ilaaluf dabarsudhan fedhii amma jirufoyyesudhafi.Kana irrati hirmaachuu kessanin wnti argatan dhabamuu danda’a. anis kana raawwachuf, haayyama Godinaafi Aanaa irraa argadheera. Gaafinis yeroo gabaabaa kanfudhatudha. Deebin keessanis namootni qusannoo maatii irrati hojjatan, hubannoo gaarii akka argatan nigargaara. Deebiin isin kennitanis, guutumaa gututi hicitidhan niqabam, yeroo barbaadan deebii kennuu dhaabuu nidandees,kana gochuufis mirga qabdu. Himaachufis haayyamamaa yootatan, gaafii calqabun dura hayyamni keesan barreffaman ta’u qaba. Dhimma ifa hintane irrati gaafii gaafii kamiyyuu yoqabaatan, bilisa ta’ati gaafadha. Qo’ataa yokkin to’ata qunnamufi gaafachuu nidandeesu.

Maqqa to’atafi gorsaa akkasumas teessoo:

Deriba Degefa
East Shoa Healyh department
Tel: 0221118130
Mobile: 0911840123
Advisors Name and address: Dr Demeke Assefaa, Addis Ababa University, school of public Health, Addis Ababa
Mobile: 0911407663

Maalummaa			
Lakk	Gaafiwwan	Deebiwwan	Koodii
001	Lakkofsa waraqaa gaafii	☐ ☐ ☐ ☐	
002	Lakkofsa eenyummaa gaafataa	☐ ☐	
003	Lakkofsa manaa/Ganda qonnan bulaa	Aanaa_____ Ganda_____ Lakkofsa mana_____ Maqa ganda badiyyaa_____	
004	Guyyaa gafatame (Akka lakkofsa habashaati)	/____/_____/_____-/	

Gaafillee

Seensa Kutaa 1: Haala hawaassumma fi Demografy			
101	Umurin keessan meeqa?	Guyyaan dhalootaa habaraw_____	
102	Haali heeruma keessan mali akka ta'e ibsa?	1. Hrume hinbeeku ☐ 2. Heerumeera ☐	

		3. Hikera/addan bahera ☐ 4. Abban manaa kan irra du'e du'era ☐	
103	Bakki jirenyaa keessan eessa ?	1. Magaala ☐ 2. Baadiyyaa ☐	
104	Amantiin keessan maali ?	1. orthodoksii ☐ 2. Catholika. ☐ 3. Protestantii ☐ 4. Muslima ☐ 5. Kanbiroo_____ 6. Deebin hinkennamne ☐	
105	Gosni Sabni keessan maali ?	1.Amaara ☐ 2. Oromoo ☐ 3.Tigree ☐ 4. Guragee ☐ 5. Kanbiroo ☐	
106	Sadarkaa Barnootaa	1. Hinbarane ☐	

		2, Sadarkaa tokkoffaa ☐ 3. Sadarkaa lammaffaa ☐ 4. Sadarkaa lammaffaa oli ☐	
107	Akaakuun Hojii maali?	1. Qonnan Bulaa ☐ 2. bartaa ☐ 3. Haadha mana ☐ 4. Hjataa mootummaa ☐ 5. Hojataa guyyaa ☐ 6. Daldaalaa ☐ 7. Dubartoota mana bunaa ☐ 8. Kanhojii hinqabne ☐ 9. Kan biro___	
108	Galiin ji'a meeqa?	Bayi'ni qarshii habarawu_____	
109	Sangaa meeqa qabdu?	1. Tokoo ☐	

		2. lama ☐ 3.Sadi oli ☐ 4.Homaa hinqabu ☐	

Kutaa 2: Beekumsa waligalaa wa'ee qusannoo maatii irrati qaban

201	Qusannoo maatii beektuyi?	1. Eyyee ☐ 2. Hinbeeku ☐ 3. Deebin hinjiru ☐	
202	Deebin gaafii 201 eyyee yota'e, maddi raga keessani maali?	1. Dhaabilee fayyaa mootumaa ☐ 2. Dhaabilee fayyaa dhuunfaa ☐ 3. Ekstenshinii fayyaa ☐ 4. Dhaabilee mit mootummaa ☐ 5. suabqunnamtii hawaasaa ☐ 6; Farmaasii ☐ 7. bareefamoota gagabaaboo ☐ 8. Manen barnootaa ☐	

		9. jalallee/abbaa manaa ☐ 10. Hiriyaa irraa ☐ 11. maatii irraa ☐ 12. Kan biro ☐	

203	Qusannoo maati gosa kam beektu?	1. Kininii ☐ 2. Kan gadameesa keesati galu ☐ 3. Kanmarfeedhan kennamu ☐ 4. kondomii ☐ 5. kan ciqilee harkaa gogaa jalati galu ☐ 6. Qawwaa gadameessaa irra kan kaa'amu ☐ 7. Farra firee dhiiraa ☐ 8. Ujummoo gadameessaa gudunfuu ☐ 9. Hida firee dhiiraa muruu ☐ 10. Kan biroo ☐	

Kutaa 3: Haala Ittifayyadama mala qusannoo maatii :

301	Mala qusannoo maatiiti fayyadamtanii beektu ?	1. Eyyee ☐ 2. Itti fayyadame hinbee ☐	

		3. Deebiin hinkennamne ☐	
302	Calqaba irrati mala qussannoo maatii kam filatan?	1. Kinini ☐ 2.Isa gadameessa keesa ta'u ☐ 3.Kan marfedhan kennamu ☐ 4. kondomii ☐ 5. Kan Gogaa jalati galu ☐ 6. Kan qawwaa gadameesa irra ka'amu ☐ 7. Farra firee dhiiraa ☐ 8. Ujummoo gadameessaa gudunfuu ☐ 9. Ujummoo firee dhiiraa muruu ☐	
303	Sababni qusannoo maatii itti fayadamanif maali?	1._____ 2._____ 3._____ 4._____	
304	Qusannoo maatiitit fayyadamuu ketin Rakko cinnaa siqunnamera?	1.Eyyee ☐ 2. Nanqunnamne ☐	

		3. Hinbeeku	
305	Gaafii 304, eyyee yota'e malini?	1._____ 2._____ 3_____	
306	Did you pay for family planning service?	1. Yes ☐ 2. No ☐	
307	Gaafii 306, eyyee yota'e, maalifii meeqqa kafalte?	1._____- 2._____ 3_____	
308	Wa'ee mala qusannoo maatii abba warra keessan walin mari'atanii beektu ?	1. Eyyee ☐ 2. Mari'annee hinbeeknu ☐ 3. Deebin hinkennamne ☐	
309	Abban warraa keessan mala qusannoo maatii hamayyaa akka ittifayyadamntan nihayyamu?	1. Eyyee ☐ 2. Hinhayyaman ☐ 3. deebin hinkennamne ☐	
310	Mal qussannoo maatii ti fayyadamuf mirga guutu qabdu?	1. Eyyee ☐ 2. Mirga guutuu hinqabu ☐ 3. Deebin hinkennamne ☐	
311	Deebii 305 tif mirga guutuu hinqabu yo ta'e kan keesa galu eenyu/	1. Maatii ☐ 2. Abbaa warraa ☐	

		3. Hiriyoota ☐ 4. Abbooti amantii ☐ 5. kanbiroo yo jiratan yaibsamu ☐	
312	Mala qusannoo maati armaan dura fudhachaa turtan gama isa birooti jijirtani beektu?	1. Eyyen ☐ 2. Hinjijjire ☐ 3. Deebi itt hinkenamne ☐	
313	Gaafii 307 tif eeyyee yota'e, mala qusannoo maati isakamiti jijirtan ? (Deebii tokko ol debi'suun nidanda'ama)	1. Kinini 2.Kan marfedhan kennamu 3. ciqilee harkaa gogaa jalati keennamu 4. Kan gadameesa keesa ta'u 5. Kondomii ☐ 6. qawwa gadameessaa irra kan ka'amu ☐ 7. Arafa farra firee dhiraa ☐ 8.Ujummoo Gadameesa a gudunffuu ☐ 9. Hidda fire dhiraa muruu ☐	

314	Gara mala mala qusannoo maati biraati akka jijirtan malt dhiibe?	1. sodaa rakkoo cinaa tif ☐ 2.Hicitii eeguf ☐ 3. Filannon biroo wan hinjirrefi ☐ 4. Yeroo dheeraf wantajaajiluf ☐ 5.Dhabata fayyaa irraa fagaa wanqabufi ☐ 6. Abba warraa ko wanan sodadhuf ☐ 7. Dhiibba hiryaa ☐ 8 Gorsa ogeessaa ☐ 9. Dhiibbaa maatii ☐ 10, Kanboroo_____	

Kutaa 4:Namoota yeroo amma mala qusannoo maatii ti fayyadamanifi haala itti hubatan:

401	Mala qusanno maati isakam filatu**?**	1. kinini 2.Kan gadameesa keesa ka'amu 3. Kan marfedhan kennamu 4.Kondomii	

		5. Kan ciqilee irrati kennamu 6.Kan qawwaa gadameessa ira ka'amu 7. Farra firee dhiiraa 8. ujummoo gadameessa gudunfuu 9. Hida firee dhiiraa kutu	
402	Mala qusannoo maatiti filataniti fayyadamuf bilisummaa qabdu ?	1. eyyee 2. Bilisummaa hinqabu 3. Deebin hinkennamne	
403	Gaafii 402 mala qusannoo maati kanan barbaadeti fayyadamuf bilisummaa hinqabu yo ta'e sababni isaa mali? (Deebii tokko ol deebisun nidanda'ama)	1. Dhiibbaa maatii 2.Dhiibbaa abbaa warraa 3. Hiriya 4. Ilaalcha aadaa 4Kan biro yojirate ibsaa_____	
404	Gaafii war kinini filana jedhanif kandhiyatudha. Maalif Kinini Filatan	1. bu'a qabesa wanta'ef ☐ 2. wan namati tolufi ☐	

		3. Addan kutani da'un wandanda'amuf ☐ 4.Rakkon cinaa hini qabu salphaa w i ☐ 5. Akka salphaati wanargamuf ☐ 6.kan biro yo jirate ibsa_____	
405	Gosa mal qusannoo maati gadameesa keesa ta'u maalif falatan?	1. bu'a qabeesa wanta'ef ☐ 2. Mijaya wanta'ef ☐ 3. addaan yoktan dawu wandanda'amuf ☐ 4. Akka salphati wanhargamuf ☐ 5. Rakko cinaa isaa salphaa wanta'e ☐ 6. Kanbiraa yo jirate_____	
406	Dubartoota marfeedhan kan kennamu filatanif: Maalif kan marfedhan kennamu filata?	1. Bu'a qabeesa wanta'ef ☐ 2. Yo addan kutan dawu wandanda'amuf ☐ 3.yeroo dheeraf wantajajiluf ☐ 4. Itti fayyadamni isaa salphaa wanta'e ☐ 5.Mija'a wanta'ef ☐	

		6. Gorsa ogeessatin ☐ 7. Yeroo wan qusatuf ☐ 8. Sodaa maati irraa kanka'e ☐	
407	Maalif kan gogaa harkaa jalati galu filatan?	1. Bu'a qabeesa wanta'ef ☐ 2. Yeroo dheeraf wantajajiluf ☐ 3. Yo addan kutan dawu wandanda'amuf ☐ 3. yadachu wan nama hinbarbaachifnef ☐ 4. Mija'a wanta'ef ☐ 5. Kanbiroo yo jirate yaibsamu_____	
408	Namoota kondomi filatanif -Maalif condomi filatan?	1. Bu'a qabeesa wanta'ef ☐ 2. Mija'a wanta'ef ☐ 3. Akka salphaati wan hargamuf ☐ 4. Rakkon cinaa isaa darbe derbee wanta'f ☐	
409	Gara fuladurati gosa mala qusannoo maatii isa kamiti fufu barbaadu?	1. Kinini ☐ 2. kan marfen kennamu ☐	

		3. isa gadameesa keesa ta’u ☐ 4. Kondomi ☐ 5. Ujomoo gadamess a gudunfisu ☐ 6. Kan biroo _____	

Isa dhumaati

Galatoomaa!

Kan gaafii dhiyeese

Maqqaa_____

Mallattoo_____

Guyyaa_____/_____/_____/

To’ataa

Maqqaa_____

Mallattoo_____

Guyyaa_____/_____/_____/

Annex 5: Focus Group Discussion Guide

After reaching informed consent with women representatives, focus group discussion will be held with the following group discussion guide

Introduction:

Good morning, well come to our group discussion.

My name is_____and work for _____and I came from _____

We are here today to discuss about contraceptive method preference and shift. There is no right or wrong answers. All comments, both positive and negative, are well come. We would like to have many points of view. We want this to be a group discussion, so you need not wait for me to call on you. In order not to miss any points of the discussion. We will be using a tape recorder.

We would like to confirm to you that all your comments are confidential and used for research purpose only. Your name will not be recorded to protect your confidentiality. Are you willing to participate in this discussion?

If yes, thank you for your willingness!

Focus Group Discussion Guide

Focus group guide for current contraceptive users for those married and not married.

After reaching informed consent with women representatives, focus group discussion will be held with the following group discussion guide

Introduction:

Good morning, well come to our group discussion.

My name is_____and work for _____and I came from _____

We are here today to discuss about contraceptive method preference and shift to short acting method. We would like to improve family planning service being provided in your area in the future. There is no right or wrong answers. All comments, both positive and negative, are well come. We would like to have many points of view. We want this to be a group discussion, so you need not wait for me to call on you, in order not to miss any points of the discussion. We will be using a tape recorder.

We would like to confirm to you that all your comments are confidential and used for research purpose only. Your name will not be recorded to protect your confidentiality. Are you willing to participate in this discussion?

If yes,

Thank you for your willingness

Discussion points:

1. What is your opinion about family planning? (probe the benefits, disadvantages and misconceptions)
2. Which contraceptive method is the most popular and widely used in the area?
3, which contraceptive method the community commonly practiced?

(Is it accepted by community?)

4. Discuss on level of involvement of spouse, family, pears, service provider and others on contraceptive method choice. Who play a great role?
5. What types of contraceptive methods being practiced in the past and what about now?

- Ask the type (long or short acting)

6. Mention and discuss possible contributing factors of contraceptive method shift.

-Probe different types of short acting contraceptive methods in relation to husband disapproval, effectiveness, side effects, family influence or pear influence.

7. Discuss on the role of facility, community, family and individual on contraceptive method

shift.

8. What do you think on Social and economic factors contribute to contraceptive method shift? –(What about influence of- provider, friends, partner or related influences?)

9. Is there any association between service delivery system and contraceptive method shift?

- Probe on accessibility, availability and provider competency.

10. What contraceptive method do you think widely used in the future? Why?

11. Is there any additional idea on what we discussed on contraceptive method preference and shift?

12. What is your opinion about family planning service availability, usefulness, satisfaction in your community and health facility in your area? (probe why, what is their future wish?)

Focus Group Guide for Health service providers:

Greeting!

Hello dear participants! Wishing it would help in improving family planning services in the future in your catchment we would have in this discussion. We hope that the discussion we be having with you is very much useful to strengthen the quality of the services in general and especially helps us to know why women contraceptive method practices and to identify contributing factors to contraceptive method shift

Before entering to discussion, I would like to appreciate you for your voluntary participation in this discussion.

Discussion points

1. How does the community understand about the right of women on contraception use in the catchment?

2. How do you understand overall perception and practices of women on available methods?

(Probe on perception of women on advantages and disadvantages of different contraceptive methods)

3. Which contraceptive method is widely preferred in the past and current trend in this catchment?

(List the possible reasons for their choice and discuss)

4. How does the community differentiate the advantages and disadvantages between short and long acting contraceptive methods? (probe, client choice, providers and any others)

5. What are contributing factors to women choice on contraceptive methods?

(Probe to spouse approval, family pressure, pear influence, religion and cultural taboo)

6. What is the trend of contraceptive method shift (change) in your area? To which contraceptive methods women are currently shifting?

7. Why women are shifting from contraceptive method they have previously started?

8. Which contraceptive method do you think is preferable for women? Why?

9. How you counsel women on contraceptive methods choice?

10. What is the trend you expect pertaining contraceptive method preference and shift in the future? Why?

11. Is there any additional idea on what we discussed on contraceptive method method preference and shift?

12. In general, what is your advice you belief would be more rational?

Focus Group Guide for District Experts:

Greeting!

Hello dear participants! Wishing it would help in improving family planning services in the future in your catchment we would have in this discussion. We hope that the discussion we be having with you is very much useful to strengthen the quality of the services in general and especially helps us to know why women contraceptive method practices and to identify contributing factors to contraceptive method shift

Before entering to discussion, I would like to appreciate you for your voluntary participation in this discussion.

Discussion points

1. What are the factors do you think influence family planning use in the area?

2. How does the community differentiate the advantages and disadvantages between short and long acting contraceptive methods?

3. Which contraceptive method is preferred and widely used in your district? Why?

4. Does women's preference affect family planning program in this area?

5. What is the trend of contraceptive method shift in your district? If there is shift, to which contraceptive method they shift?

6. What are the roles or contribution of your office towards family planning service delivery Including: accessing service, provider role, other factors like-religion, tradition and cost?

7. Why women change contraceptive methods?

8. Is there any association between contraceptive method choice and shift and service provider competency?

9. What is expected in line with family planning: policy, directives, program implementation, any association? ,

10. Is there any additional idea on what we discussed on contraceptive method preference and shift?

11. Based on your expert observation what would you wish to be in the future?

Focus group guide for married men whom their partners using contraception.

After reaching informed consent with women representatives, focus group discussion will be held with the following group discussion guide

Introduction:

Good morning, well come to our group discussion.

My name is_____and work for _____and I came from _____

We are here today to discuss about contraceptive method preference and shift to short acting method. We would like to improve family planning service being provided in your area in the future. There is no right or wrong answers. All comments, both positive and negative, are well come. We would like to have many points of view. We want this to be a group discussion, so you need not wait for me to call on you, in order not to miss any points of the discussion. We will be using a tape recorder.

We would like to confirm to you that all your comments are confidential and used for research purpose only. Your name will not be recorded to protect your confidentiality. Are you willing to participate in this discussion?

If yes,

Thank you for your willingness

Discussion points:

1. What is your opinion on family planning? (Probe-knowledge, attitude, use)

2. What is your role on the use of family planning? (Probe their opinion and role when their wives decide to use and or shift contraceptive methods in the past)

3. Did you ever discussed on family planning with your wives?

4. Which contraceptive method the community commonlyprefered?

(Is it accepted by community?) Why?

5. Do women have full right to use any type of contraceptive she preferred?

6. What is your opinion on spouse influence on contraceptive use in your area?

7. Is there any additional idea on what we discussed on contraceptive method preference and shift?

Annex-5: Focus group guide afaan oromoo version

Qajeelfama marii garee dubartoota qusannoo maatiti fayyadamaa jiran, kan herumanifii kan hin herumnif afaan oromooti hikamee dhiyate.

Seensa

Akkam bultan! Baga nagaan gara marii garee keenyati nagadhan dhuftan.

Maqan koo_____kanin hojadhus_____bakki jirenya kootis_____

Hardha nuti hindi kan asiti argamne wa'ee mala filanno qusannoo maatii fi jijiruu irrati mari'achudhafi. Deebin sirriifi dogogora jennu hinjiru. Deebin kamiyyuu fudhatama qaba. Yaada ba'ee issin irraa barbaana. Nuti kan barbaanu marii garee ti. Kana wanta'ef ani akkan isin wamu hinegina, maalif yojetan yaadni tokkolle akka nujala hinhafu wan hinbarbaanef. Marii kenyaf tapii ti fayyadamna, yadni kamiyyuu hiccitidhan niqabama.

Marii kana irrati hirmaachuf hayamamoodha/

Eeyyee yota'e galatoomaa!

Qabxiiwwan marii:

1. Gosoota mal qusannoo maati kam beektu? Maddi odeeffannoo issaa eesayi?
2. Naannoo kanati gosa mala qussannoo maati kamitu jalatamaafi baldhinaan dubartooni ittifayyadamu? Maalif?
3. Gosa mala qusannoo maatii isa kam feeetu? (filatu?)
4. Maalif filatan?
5. filannoon mala qussannoo maatii irrati, sadarkaan hirmaannaa abbaa warraa,maatii, hiriyaa,tajaajila kennaa fi kan biro irrati mari'adha.
6. Muuxannon mala qussannoo maatii yeroo gabaa hojatuu,yeroo amma naannoo kessaniti maal fakaata?

7 sababoota mala qussannoo maatitif ta'an kaasati irrati mari'adha.

(waliti hidhinsa filannoo qusannoo maati yeroo gabaabafi haayyama abbawarraa, dhiibbaa maatii, dhiibbaa hiriyaa, rakkoo cinaa qorichi qabun walqabsisaa mari'adha)

8. Jijjirraa mala qusannoo maatii ilaalchisee, gaheen dhabata fayyaa, hawaasaa,maatifi nama dhuunfaa maal akka fakaatu mari'adha.
9. Hawaassummaafi dinagden, akkaniti jijjirraa mala qussannoo maatitif ka'uumsa ta'u?

10. Walitihidhiinsi sirna Kenna tajaajilafi jijjirraa malaqussannoo maati jidduu jira? (dhiyeenya dhaabata fayyaa, qorichi gahaan jiraachufi gahumsa ogeesa tajaajila fayyaa kennuu walin walqabsiisati mari'adha).

11. Garafuula duraati, gosa malqussannoo maati isa kamti dubartooni ittifayyadamu jetanii yaadu? Maalif?

12. Wa'ee filannoo mala qusannoo jijirraa ilaalchisee marii gageesine irrati yaadni dabalataa biraa yo jiraate?

Qajeelfama marii garee ogeesota tajaajila kennaa jiranif dhiyaate:

Nagaa gaafachuu!

Akkam jirtu hirmaatota Kenya!

Mariin keenya hardhaa naannoo Kenyati gageesinu, tajaajila qusannoo maatii garafulduraati foyyessuf akka gargaaru nibarbaanna. Akka waligalaati, mariin nuti isinin walin qabnu, qulqulina tajaajila fayyaa cimsufi akasumas keesumaayyuu maalif filannoon dubartootaa mala qusannoo maatii fi jijjirruf sababa ta'an adda baasanii beekuf nigargaara.

Mariiti seenun dura, haayyamamaa tatanii marii kana irrati hirmaachuu keessanif issin dinqisiifachun barbaada.

Qabxxiiwwan marii

1. Mirga itti fayyadama mala qusannoo maati dubartooni qaban ilaalchisee hawaasni akkamiti hubata?
2. Hubannoofi gocha dubarttooni mal qusanna maati jiru irratii qaban Akkamiti issini gala?

(faayidaafi dhiibbaa mali qusannoo maati adda addaa qaban irrati hubannoo dubartooni qaban mal fmari'adha).

3. Gosa mala qusannoo maati isa kamtu naannoo kanati filatama? (dhimmoota sababa ta'u danda'an tarreesati mariyadhaa).
4. Faayidaafi dhiibbaa mali qusannoo maatii yeroo gabaabafi yeroo dheeraaf tajaajilan jidduu jiru, hawaasni akkamiti adda baasa"
5. Gosa mala qusannoo maati tokko dubarttoonni akka filatan dhimmooni dhiibbaa godhan maal fa'i?

(haayyama abbaa warraa, Dhiibbaa maatii, dhiibbaa hiriyyaa, amantii aadaa irrati xuxuqu).

6. Haali mala qusannoo maati duraa irraa gara biraati jijjirun, naannoo keessanii maal fakaata?

(dubartoonii yeroo ammaa gara mala qusannoo maatii isakamiti jijjiraa jiru?)

7. Dubartooni mala qusannoo maati armaan dura calqaban maalif jijjiru?

8. Haali fillannofi jijjirraa mala qusannoo maatii gara fuuladuraati maal ta’a jettanii yaadu? Maalif?

9. Marii filannofi jijjirraa mala qussannoo maatii ilaalchisee marii gageesine irrati yaadni dabalataa yojiraate?

Qajeelfama marii garee “ekspertoota” Waajjira fayyaa Aanaatif dhiyaate:

Nagaa gaafachuu!

Akkam jirtu hirmaattota keenya!

Mariin keenya hardha naannoo keessanitigageesinu, tajaajila qussannoo maatii gara fuladurati foyyessuf akka gargaaru amantaa qabna.

Akka waligalaati,mariin nuti isin walin qabnu, qulqulina tajaajila fayyaa cimsufi akkasumas keesumaayyuu, sababoota filannoo fi jijjiru mala qusannoo maati ta’an adda baasanii beekuf nigargaara.

Mariiti seenun dura, haayyamamaa tatanii marii keenya irrati hirmaachuu keesanif isiin dinqisiifachun barbaada.

Qabxiiwwan marii

1. Akka waligalaati, tajaajila qusannoo maati Aanaa keessanii akkamiti ilaaltu?

2. Faayidaafi dhibbaa mali qusannoo maati yeroo gabaafiyeroo dheeraf tajaajilan jiduu jiru hawaasni akkamiti adda baasa?

3. Gosa mala qusannoo maatii isa kamtu Aanaa keessan keessati filatamee baldhinaan itt fayyadamamaa jira?

4. Fedhiin filannoo dubertootaa sagantaa qusannoo maatii irrati dhiibbaa qaba>

5. Haali jijjirraa mala qusannoo maati Aanaa keessanii maal fakaata>

(jijjirun malaqusannoo maati yo jiraate, gara mala qusannoo maatii isa kamti jijiru?)

6. Dubarttoonni maalif mala qussannoo maatii jijjiru?

7. Filannofi jijjirran mala qussannoo maatii, gahumsa tajaajila kennaa(ogeessaa) walin waliti hidhiinsa qaba?

8. Wa’ee filannoofi jijjirraa mala qusannoo maati ilaalchisee, marii gageesine irrati yaada dabalataa biraa yoqabaatan?

Qajeelfama marii garee namoota dhiira ta’anifi dubartooni isaanii qusannoo maatitii fayyadamaa jiranif dhiyaate:

Seensa

Akkam bultan! Baga nagaan gara marii garee keenyati nagadhan dhuftan.

Maqan koo_____kanin hojadhus_____bakki jirenya kootis_____

Hardha nuti hindi kan asiti argamne wa'ee mala filanno qusannoo maatii fi jijiruu irrati mari'achudhafi. Deebin sirriifi dogogora jennu hinjiru. Deebin kamiyyuu fudhatama qaba. Yaada ba'ee issin irraa barbaana. Nuti kan barbaanu marii garee ti. Kana wanta'ef ani akkan isin wamu hinegina, maalif yojetan yaadni tokkolle akka nujala hinhafu wan hinbarbaanef. Marii kenyaf tapii ti fayyadamna, yadni kamiyyuu hiccitidhan niqabama.

Marii kana irrati hirmaachuf hayamamoodha/

Eeyyee yota'e galatoomaa!

Qabxiiwwan marii

1. Mala qusannoo maatii irrati yaadni isiin qabdan maali? (beekumsa, ilaalchafi fayidaa isaa irrati)
2. Qosannoo maatii irrati gahen keessan mali? (yeroo atimanaa mala qusannoo maatiti fayyadamtufi jijjirtu, gahen isaanifi yaadni isaan qaban mali?)
3. Wa'ee qusannoo maati irrati hadha manaa kessan walin mari'atanii beektu?
4. Uumanni naannoo kanaa mala qusannoo maatii isa kamiti fayyadamaa jira?

Maalif filata?

5. Dubarttonni mala qusannoo maatititi fayyadamuf mirga guutuu qabu?
6. Itti fayyadama qusannoo maati irradi dhiibban abbaa waarraa naannoo keesan jiru irrati yaada maalqabdu?
7. Wa'ee filannoofi jijjirraa mala qusannoo maati ilaalchisee, marii gageesine irrati yaada dabalataa biraa yoqabaatan?

Focus Group Discussion (FGD) results

Summary results of focus group discussion, married and non married women participants of current contraceptive method users, East Shoa, Boset, 2013,

Issues for discussion		Married women of current family planning users	Non-married women of current family planning users
1. Opinion about family planning	-Child spacing	++++++	+++++
	-child limiting	++	_
	- some side effects	+++	++
2.Contraceptive methods widely used in the community	- injectable	++++++	+++++
	-pills	+	-
	- implanol	+	+
3. The reasons for why injectable is preferred	-confidentiality	+++++	++++++
	- fear of side effects	++	-
	- cultural influence	+++	+
4. Influencing factors of contraceptive method choice	- Provider advice	++++++	+
	-spouse disproval	+++++++	_
	-family influence	-	
	-pear influence	++	+++++
5. Contraceptive methods utilization practices of women 10 years back in relation to present	-pills in past	++++++	_
	-Injectable in present	++++++++	++++++

Issues for discussion		Married women of current family planning users	Non-married women of current family planning users
6. Contributing factors to contraceptive method shift	- confidentiality	++++++	+++++
	-Fear of spouse	+++++	_
	-provider advice	+++	++
	- pear influence	++++	+++
7. Association between service delivery and contraceptive method shift	Time saving	++++	+++
	-Availability of short acting services	+++++	++
	Provider push	+++++++	+
8. Contraceptive Methods expected widely used in the future	-Injectable	+++++++	+++++
	-Pills	++	_
	-Implanol	+++	+
9. Opinion about family planning services improvement	- Improving availability of short and long acting services	+++++	_
	-educating women on different types of contraception	+++	_
	-promoting long acting contraceptive methods	++++	++++++

Summary results of focus group discussion, family planning service provider participants, East Shoa, Boset, 2013,

Issues for discussion	Response	Frequency
1. Community understanding about women's right on contraceptive use	-they have right -they have no right	+ +++++++
2. factors affecting women right on contraception use	- religion -culture -Spouse disproval	++ ++ ++++++
3.Women's perception and utilization practices on different contraceptive methods	-short acting methods are positively perceived and utilized -long acting methods are positively perceived and less utilized	+++++++ +
4. Widely preferred contraceptive methods in the past and current trend in the area -Possible reasons raised by group members why injectable methods are highly preferred	-previously pills -injectable in present - injectable and implanol in present -for confidentiality -Fear of side effect -safe time -nothing to remember	+++++++ ++++++++ ++ ++++++ ++ +++ +++
5. How community differentiate advantage and disadvantage of short and long acting contraceptive Possible reasons	-partially differentiate -Can't differentiate -inadequate information on different methods -Poor counseling service -Inadequate trained service providers	+ ++++++ ++++ +++++++ +++++

6. Contributing factors to women's choice of contraceptive methods	-spouse disproval -family influence -pear influence	++++++ + +
7. Trends of contraceptive methods shift -Reasons for methods shift	- pills to injectable -pilss to implanol -Injectable to implanol -for secrete -fear of spouse -pear influence	+++++++ + +++ +++++++ ++++++ +++
8. participants opinion on preferable contraceptive methods -Reasons they discussed	-pills -IUCD -Injectable -Implanol -Injectable saves time -implanol is long acting	++ + ++++ +++ ++++ +++
9. providers counseling focus on	-short acting -long acting -Both long and short acting	++++++ ++ +++
10. Participants recommendation on methods preference and shift	-improving information and education which focused on men -improving women's awareness on long acting contraceptive method -training providers on all methods	++++++++ ++++ ++++++

Summary results of focus group discussion, District Health Office expert's participants, East Shoa, Boset, 2013,

Issues for discussion	Response	Frequency
1. factors influencing contraceptive use in the area	- culture	+++
	- lack of awareness	+++++
	-religion	+++
	-spouse disproval	+++++++
	-misperception	++++
	-poor quality of counseling	+++
	-fertility preference	+++++
2. How community differentiate advantages and disadvantages of short and long acting contraceptives	-differentiate	+
	-Can't differentiate	+++++++
3. Contraceptive methods preferred in the area	-pills	+
	-Injectable	++++++
	-IUCD	_

• Why injectable is preferred?	-Implanol -fear of spouse -confidentiality -nothing to remember -family influence -time saving	+ ++++++ ++++ +++ + ++
4. Does women's preference affect family planning program? • How it affect?	-yes -No -discontinuing when preferred method is not available -Over stoking and expiring of unused methods -under utilization of the service	++++++++ __ +++++ +++ ++
5. Trends of contraceptive methods shift	-pills to injectable -injectable to implanol	+++++++ ++
6. Why women change contraceptive method?	- For confidentiality -fear of side effect -time saving -fear of spouse	++++++++ ++++ +++++ +++++++

7. Is there association between methods preference, shift and service provider competency? • How associated?	-yes -No -Poor counseling procedure -Poor provider-client relation ship --providers push client to short acting (injectable)	++++++++ ___ +++++++ +++ ++++++
8. Role of District expert on family planning program	-Improving service availability -improving providers capacity -improving health education program	++++++++ ++++ ++++++++
9. What is expected in line with family planning policy, directives and program implementation?	-Giving equal attention to both short and long acting methods -enhancing awareness creation activities -capacitating service providers -regulation on women's right on contraception use	+++++++ ++++ ++++++ +++++
10. Experts wish in the future	- strengthening IEC -improving men participation in F/P program	+++++ ++++++++

	-involving religious leaders on awareness creation	++++

Summary results of focus group discussion, men participants, East Shoa, Boset, 2013,

1. participants opinion on family planning	-Knowledge about family planning -positive attitude -utilization status	++++++ ++++++ ++++++
2. Role of men on family planning service use	- providing advice - approving -supporting child spacing	+ ++ ++
3. Discussing family planning issue with wife	- yes -No	+++ +++++
4. Commonly preferred contraceptive method in the study area • Reasons for why injectable is preferred	- injectable -pills -fear of side effect -nothing to remember -I don't know	+++++++ + +++++++ ++ +
5. Do women have full right to use any type of contraceptive they preferred?	Yes No	++ ++++++
6. Spouse influence on contraceptive use in the area	-women decide alone to use -decision makers are men "Mirgi murtee kan abbaa warrati" -deciding together	+ ++++++++ ++
7. reasons for contraceptive methods shift	-fear of side effect "kininin garaa wangubuf sodatama"	+++++

	-nothing to remember	+++

Focus Group Discussion

The qualitative study was conducted through Focus Group Discussion (FGD) at the end of data collection to supplement the result of quantitative data.

The participants freely expressed their ideas about family planning issues. Majority of the participants clearly understood the benefits of family planning services. Women and men group have discussed on contraceptive use and mentioned that family planning is used for child spacing and limiting associating with economic importance.

Women group, service providers and district health office experts were discussed in detail on association between service delivery and contraceptive method shift, As the result from discussion on how community differentiates advantages and disadvantages between short and long acting contraceptive methods, majority of the group members mentioned as community can't differentiate the advantages and disadvantages of short and long acting contraceptive methods. The reasons discussant mentioned were, inadequate community education and in adequate service provider training which in turn affect quality of counseling on family planning were the major once.

The result from discussion of men group on role of men in family planning program revealed that providing advice, supporting spacing and limiting child birth found to be poor. Discussing on family planning issues with wives was also unsatisfactory result obtained from their discussion.

Women participants discussed about contraceptive method widely used in the future and majority of them believed that as injectable will be the leading followed by implanol. As of district health office participants discussion result on women's contraceptive method preference in relation to family planning program, the participants cited as women may discontinue when preferred method is not available which leads to underutilization of the service and overstocking of unutilized methods. The group also discussed on the role of district health office experts and they believed that improving all family planning service availability, improving IEC and service provider capacity building are some of the major points they recommended.

The discussion results of expectation in line with family planning policy directives and program implementation revealed that giving equal attention to both short and long acting contraceptive methods, enhancing awareness creation activities which focused on men and special regulation for women's right on contraceptive use were some of the points reported by district health office experts.

Finally, all group except men participants were discussed on improving family planning services and recommended some points as follows. Majority of the participants were mentioned improving

information education and communication, enhancing men participation in family planning service and improving women's awareness on long acting contraceptive methods are the major once.

Declaration

I, the undersigned, declare that this is my original work, has never been presented in this or another University, and that all the resources and materials used for the thesis have been duly acknowledged.

Name_Deriba Degefa

Signature_____

Place Addis Ababa, Ethiopia

Date of submission_____

This thesis has been submitted for examination with my approval as University advisor

Name Dr Demeke Assefa

Signature _____

Date_____