



ADDIS ABABA UNIVERSITY  
COLLEGE OF HEALTH SCIENCES  
SCHOOL OF PUBLIC HEALTH

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**AWARENESS, UTILIZATION AND BARRIERS TO FAMILY PLANNING  
SERVICES AMONG FEMALE YOUTH STUDENTS AT ASSELLA  
PREPARATORY SCHOOL**

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A Thesis Submitted to Addis Ababa University, School of Public Health in Partial- fulfilment  
for the Degree of Masters of Public Health.

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**ADDIS ABABA UNIVERSITY**

**SCHOOL OF GRADUATE STUDIES**

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## **ACRONYMS**

AAU - Addis Ababa University

AIDS - Acquired Immunodeficiency Syndrome

CI - Confidence Interval

E C - Emergency Contraceptive

EDHS - Ethiopia Demographic and Health Survey

HIV - Human Immunodeficiency Virus

IUCD - Intra Uterine Contraceptive Device

SD - Standard Deviation

STDs - Sexually Transmitted Diseases

STI - Sexual Transmitted Infection

## **ABSTRACT**

**Background:** Currently contraceptive use is lower among young women in Ethiopia. According to EDHS2011 report out of sexually active 5% of all women age 15-19 and 7% of age 20-24 reported current use of any contraceptive method. Currently there is a growing interest in adolescent reproductive health because teen age pregnancy in particular is associated with high maternal, fetal and neonatal problems which makes it is an important public health issue internationally and nationally. There is growing evidence that teen age girls who get pregnant are likely to drop out of school and if become teen age parents are likely to face social and economic problems. There is a low rate of use of sexual reproductive health service in the study area.

**Objective:** To assess the level of awareness, attitude of contraceptives and utilization of family planning services among female youth students and barriers that hinders effective use of the services.

**Method:** Institutional based cross sectional study was conducted in Oromia regional state Arsi zone Assella town, Assella preparatory school. Systematic random sampling was used to select study subjects for survey while purposive sampling was used to select study subjects for qualitative study. A pre-tested structured questionnaire was used to collect quantitative data and interviewer topic guide was used for qualitative. The survey data was entered in to Epi, Info version 3.5.4 and exported, cleaned and analyzed using SPSS version 21. Factors associated with utilization of family planning were identified using logistic regression and content analysis of qualitative data

**Result:** Of 296 female youth students 288(97.3%) have heard about contraceptive methods. The first common source of information about family planning was mass-media 180 (62.5%) and the least source of information (8.3%) was internet. Out of sexually active respondents, (61%) with (95%CI 55.5-66.5) currently using a contraceptive methods. Those who reside in urban and those who were satisfied with family planning service were found to use contraceptive AOR=4.60, 95%CI 1.06-19.96 and AOR=9.75, 95%CI 1.62-58.71 respectively.

**Conclusion:** Relationship with parents in terms of sexual health among female youth were low , family life education program in school and elsewhere should provide female youth with essential information how to guide them and refrain from unnecessary sexual practice ,STI and HIV/AIDS.

## **BACKGROUND**

### **1.1 Introduction**

The high death of mothers and their Children as a result of pregnancy has become one of the priorities of action internationally and nationally in recent years. The problem is noted that it is higher among these who become pregnant at early adolescent .Such observations are based on different studies which draws the attention of policy makers and implementers.

According to the study conducted in Ghana on contraceptive use among female youth in 2010 showed a growing interest in adolescent reproductive health at the same time teenage pregnancy is an important public health issue because it is associated with maternal, fetal, neonatal adverse outcomes, and teenage girls who get pregnant are likely to drop out of school and teenage parents are unlikely to have the social and economic means to give care for their children(1). Furthermore, unintended pregnancy poses a major challenge to the reproductive health of young adults in developing countries. With decreasing age of menarche and onset of sexual debut in the last few decade, young people are exposed to early unplanned and unprotected sexual intercourse leading to unwanted pregnancies ,exposure to sexual transmitted diseases and associated problems such as un safe abortions and even serious socio economics problems. The magnitude of the problem is noted in many poor countries such as Sub-Saharan African countries where persistent high rates of unmet need for family planning and low rates of contraceptive use and high maternal death reported(2) .

In 2008, there were 16 million births to girls aged 15 to 19, which represented roughly 11% of all births worldwide, and the vast majority of these happened in developing countries 6.1 million of them were unintended. Each year there are an estimated 2.2 million unintended pregnancies among adolescents in sub-Saharan Africa(3).

There is accumulated evidence that proper use of Family planning method can reduce the number of deaths among women by reducing the number of women who are at risk by averting unintended pregnancy, which account for about 30% of all birth in Sub-Saharan Africa(4).

It is evident that a young people enter the reproductive years the demand for family planning services will increase and programs need to be equipped to satisfy this demand, and to assist in overcoming barriers that young people are having to accessing reproductive health services. As

family planning services and utilization of methods can play a vital role in combating sexually transmitted infections and HIV or unplanned and unwanted pregnancy (5). The seriousness of the problem become more evident in situation where the coverage of such service is comparatively low as in Ethiopia DHS2011(6)

Therefore such study will strengths the evidences that will help to identify the unmet need of teenage females in addressing their sexual reproductive health. The result of the study could also assist the the study area in developing appropriate reproductive health education and services for schools , and the ministry of health how to structure school based reproductive health programs for female youth.

## **1.2 Statement of the problem**

Study conducted by save the children in 2012 in some European, Asian and Africa countries indicated that, 16 million adolescent girls aged 15-19 years and two million girls under age 15 give birth every year. Similarly, in the poorest regions of the world, one in three girls are bearing child by the age of 18. There is a growing evidence that adolescent girls are at the highest risk of maternal mortality caused by pregnancy: such risk of pregnancy-related death is estimated as twice as high for girls aged 15-19 and five times higher for those girls aged 10-14 compared to women in their twenties (7). Further, pregnant adolescents are more likely than adults to resort to unsafe abortions which contribute to the problems as estimated 3 million unsafe abortions occur every year among girls aged 15-19(8).

Currently contraceptive use is lower among young women in Ethiopia. For example, 5% of all women age 15-19 and 12% of age 15-24 report current use of any contraceptive method (6). Similarly according to the annual report of 2012 Assella town health office the number of induced abortion for the age group 15-49 was 4278 which account 26% ,and the coverage of contraceptive was 31% (9).

There is no exact documentation on utilization of contraceptive and other reproductive health service in the area concerning youth. High percentage of abortion, absence of school health service and no available currently conducted research are some of the gap to assess the existing problem.

Therefore, this study tends to assess the awareness, utilization and barriers of family planning service in the study area, which helps to facilitate the establishment of youth friendly service and other reproductive health services in the study area. This investigation will also realize the magnitude of the problem and draw some recommendation for planners and program managers in this area.

### **1.3. Significance of the study**

- ❖ The study will help to assess the magnitude of contraceptive and family planning services need for young women in Assella preparatory school and their difficulty in accessing services. The outcome of the study will enable one to identify service need for young people with respect to family planning services.
- ❖ The study will provide information on level of awareness; utilization and difficulty young people may be having in accessing reproductive health services. It will help to assess the quality of information young people are having on contraceptives which often shape their attitude toward its use.
- ❖ The study will help to identify the need of young people regarding their sexual health. The result of the study will be assisted as a Base line in developing an appropriate reproductive health education for schools and health institution on how to structure service need for young people with respect to family planning .

## **2. LITRATURE REVIEW**

### **2.1 Overview of female youth sexuality and contraception**

According to World Health Organization reproductive health implies that people are able to have responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant(10).

Family planning implies the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. Family Planning is achieved through contraception, which is defined as any means capable of preventing pregnancy and through the treatment of involuntary infertility. The contraceptive effect can be obtained through temporary or permanent means. Temporary methods include: periodic abstinence during the fertile period, coitus interrupts (withdrawal), using the naturally occurring periods of infertility (e.g. during breast-feeding and postpartum amenorrhea), through the use of reproductive hormones (e.g. oral pills and long-acting injections and implants), placement of a device in the uterus (e.g. copper-bearing and hormone-releasing intrauterine devices), interposing a barrier that prevents the ascension of the sperm into the upper female genital trace (e.g. condoms, diaphragms, and spermicidal). Permanent methods of contraception include male and female sterilization(11).

Studies in Africa showed that young people are becoming increasingly active sexually at early age. For example in Kenya 62% of never married male students age 11 to 17 years and 30% of females already had sexual intercourse(12) .The median age at first intercourse was 14 for males and 17 for females age at first sexual intercourse in Ethiopia (6).

Fifteen percent of unmarried adolescent women in Sub Saharan Africa are sexually active and want to prevent pregnancy, as are 11% of those in Latin America and the Caribbean. In fact, about half of all sexually active adolescent women in these two regions who want to prevent pregnancy are unmarried(13).

Study in Nigeria by Oye-Adeniran in 2006 revealed that lack of awareness and poor knowledge of

contraceptives methods has been found to be common among female youth seeking for abortion, it is necessary to ensure dissemination of correct and appropriate information to young women about contraceptives, during the study the main sources of information for female youth about contraceptives were friends, radio and nurses(14).

Adolescent pregnancy is a serious problem and it increases the risk of death for both the young mothers and their newborns. Children born to unmarried adolescent mothers generally fare less well than those born into households with adult parents. Adolescent pregnancies also cut short young women's education, closing off future opportunities(15).

## **2.2 Contraceptive methods**

Include supply (modern) methods and non-supply (traditional) methods. Modern methods include female and male sterilization, intrauterine devices (IUDs), hormonal methods (oral pills, injectable and hormone-releasing implants, skin patches and vaginal rings), condoms and vaginal barrier methods (diaphragm, cervical cap and spermicidal foams, jellies, creams and sponges). Traditional methods include rhythm, withdrawal, abstinence and lactational amenorrhea (16).

Dual protection method of birth control combined with a condom. Dual protection prevents pregnancy and prevents the transmission of STI, but it should be noted that some STIs, such as human papilloma virus (HPV), can exist outside the vagina or at the base of the penis, and the protection afforded by a condom is not absolute. Particularly important for younger people or those not in mutually monogamous relationships is the fact that dual protection can help maintain good sexual health throughout an individual's lifetime (17).

## **2.3 Awareness of Contraceptives among female youth Students**

An in-depth study of four Sub-Saharan African countries show that inadequate knowledge remains a major barrier for adolescents: 60% or more of adolescent men and women believed common misperceptions or had poor knowledge about the prevention of unintended pregnancy and HIV; one-third or more did not know of a source for contraceptives(18). Study conducted in Kenya in 2008 show that lack of adequate knowledge and awareness has been found to be associated with lack of contraceptive use among young women, its use has been found to be associated with having previously been pregnant, meaning it is only after a pregnancy that young women are educated about and subsequently offered contraceptives services (12).

Survey conducted by path finder international in 2004 in Amhara, Oromia, South nation nationality peoples and Tigray regions of Ethiopia show that mass media such as radio is becoming the main source of information in both urban and rural settings in Ethiopia, suggesting that radio was potential media to disseminate research-based and culturally sensitive and relevant information about reproductive health issues, this calls for more effort to use the radio as a means of disseminating information (19).

Study conducted by TamireW, EnqueselassieT in 2007 on Knowledge of emergency contraception among female students in Addis Ababa from the study participants female youth age 15-24 accounts about 93% which gave response on contraceptive method has been found to be low and that only few have accurate and detailed information regarding emergency contraception, and many who report familiarity with emergency contraceptive were found to be having misinformation and very few knew the correct timing of use, and lack of detail and accurate information on contraceptive was found to have resulted in reluctance to adopt family planning method as some will want to know its side effect and contra indications, among university students in Ethiopia it was only about 44 % who have ever heard about emergency contraceptives, however below 10 percent of them have the correct knowledge of when to use it (20). Knowledge of young people on aspects of their sexuality has been found to be insufficient and lack of access to information and to services has been mentioned as a problem(21).

Teenage mothers appear to be ignorant about issues such as puberty, pregnancy, labor, child care and contraception. Ignorance, aggravated by cultural taboos about discussing sex with one's parents, combined with real or perceived peer group pressure to engage in sexual activities, and cause unnecessary heartache for many young women (22).

Study conducted by international Planned Parenthood in 2008 show that talking about sexuality is difficult and only acceptable when there are good reasons for it and there are good reasons for it in the case of promoting safer sex, not just for people to be able to assess their own risks of getting infected, but also to openly express their concerns and to negotiate safer sex, and to accept their own sexuality and communicate about it with their partners. For young people who are infected with HIV or are living with AIDS it becomes important in relation to their sexual relationships and sexual behavior (23).

Study conducted in Bahirdar among senior secondary school adolescent in 2003 indicated that

out of 245 students 177 (88.5%) of the respondents said they had heard of at least one method of contraception, the pill was the most reported method (162 or 91.5%), followed by condom (97 or 54.8%), Injectable (58 or 32.8%), rhythm (45 or 25%) , and 22% were sexually active among sexually active group only 8.5% use contraceptive(24).

#### **2.4 Utilization of Contraceptives among Female Youth Students**

Contraceptive prevalence has increased dramatically in the last five decade. Concerning contraceptive choices, there are marked differences between countries. Age and stage of life is a major determinant of contraceptive choice(18). Overall, 18 % of sexually active high school youth in the United States report use of birth control pills before most recent sex. Rates vary significantly among sexually active students by race/ethnicity: 22 percent of whites; 10 percent of Latinos; and 10 percent of Africa Americans(25).

The study in Ghana by 2010 on adolescent students show that out of 244 students 21% use contraceptive 82% of sexually active respondents were non users while condom was 42% the most contraceptive method use (1).The study conducted by Tsegereda Gadisa in 2004 among Addis Ababa school adolescents who ever heard about contraceptive were 97.9% and out of sexually active 26.5% female adolescents ever used contraceptive were 51%(26).

With 104 births per 1,000 female youth aged 15-19, Ethiopia's high adolescent birth rate was likely associated with the low use of modern contraceptives. Only 12.4% of youth aged 15-24 were using a modern contraceptive method, and 29% of sexually experienced female youth aged 15-24 had an unmet need for contraception. Young people, particularly young women, were also among the most vulnerable to HIV infection, with one and a half percent of young women aged 15-24 living with HIV in 2007(27) .

The study conducted in 2011 in national university Lesotho Pretoria on female school adolescent majority of the respondents indicated that awareness of family planning was high 97.5%, condom was the most common known and used contraceptive and most of students 67.4% heard about family planning on their secondary school level of education, 55.3% were currently using a contraceptive method and condom was the most common used by 47.2% of all respondents and 78.0% of current contraceptive users. The reasons for use among current family planning users were to prevent pregnancy 43.9% and to prevent STIs 38.9%, 36.7% were not using any family planning method at the time of the study; of these, 15.2% were not using them because of fear of

side-effects of modern contraceptives, 14.4% wanted to get pregnant, and over half were not sexually active 57.6%. Forty two of the respondents 11.7% had discontinued one or another form of contraceptive in the past because of side effects of the method used(28).

## **2.5 Barriers to use Contraceptives by Female Youth Students**

In many countries access to family planning methods was initially restricted to health facilities, under strict control of medical practitioner, eligibility criteria and constraints such as written consent of husband, proof of marital status, age or parity, excessive revisit schedule and for insistence that only menstruating women be allowed to start contraception(29).Lack of knowledge of where to get condom, not discussing family planning with partner have been found to be a barrier to family planning and risk for sexually transmitted infection among adolescents(30).

Systematic review of qualitative research by William in 2009 demonstrates that young women's use of modern contraceptive methods in five developing countries is limited by a range of factors, which centre on lack of knowledge, obstacles to access, and lack of control. Use of hormonal methods was limited because of lack of knowledge and access and concern over side effects, especially fear of infertility .Although often more accessible, and sometimes more attractive than hormonal methods, use of condoms was limited by their association with disease and promiscuity and greater male control of this method. As a result young women often relied on traditional methods or abortion(31).

The study conducted in Adama university youth students in 2010 out of the total participants, 309 (46.8%) ever heard about EC When asked about specific types of emergency contraceptives, among those who have ever heard of Emergency contraceptive, only 135 (43.7%) and 16 (5.2%) identified correctly emergency contraception pills (ECPs) (Progestin only pill and combined oral contraceptive) and intra uterine devices (IUDs) respectively as emergency contraceptive methods. Among those who were aware of emergency contraception, only 59(19.1%) and 11(3.5%) correctly identified 72 hours and 120 hours as the time limit for the Emergency contraceptives and Intra uterine device. It indicated that lack of knowledge on contraceptive uses as a barrier to utilize contraceptive properly(32).

The study carried in Limpopo province Nigeria in 2012 on secondary school female youth students out of 41% sexually active female youth students of respondents 16% of them were not

utilizing the family planning service, and gave different reasons for this including health worker who denied them to access to contraceptive since they perceived them as too young to engage in sexual inter course and lack of adequate information about family planning which able to make an informed decision(33).

Study carried by Feleke et al in 2012 in Gonder town adolescent age group 15-19 years indicated that 23.5% of adolescents were sexually active, 93.4% of the study participants had awareness about family planning service, and majority of study participants 88.5% discussed the service with their peers. Commonly used contraceptive method was condom which is 46.5 followed by injectable 42.7%, more users want health center 52% to utilized contraceptive and the main reason why not utilizing family planning service were 87% of the respondents reported that fear of being detected by adults(34).

Study conducted in Kenya Nairobi in 2013 by Joyce W.Kinano indicated that in Africa culture, sexuality issues are not freely discussed at home and premarital sex is disallowed. For example, in Nigeria, only 39% of parent's discuss sexuality issues with their female youth and in Kenya only 7.5% of female youth received family planning information from parents, also religious organizations oppose sexuality education in school and they believe that such information will influence early initiation of sexual intercourse(35). A study in Zimbabwe and Kenya by Erulkar showed that barriers to contraceptive use for female youth includes religion, cultural beliefs regarding how reproductive health problems are caused prevented or cured, and perceptions that family planning services are meant for married adults only(36).

### 3. CONCEPTUAL FRAME WORK

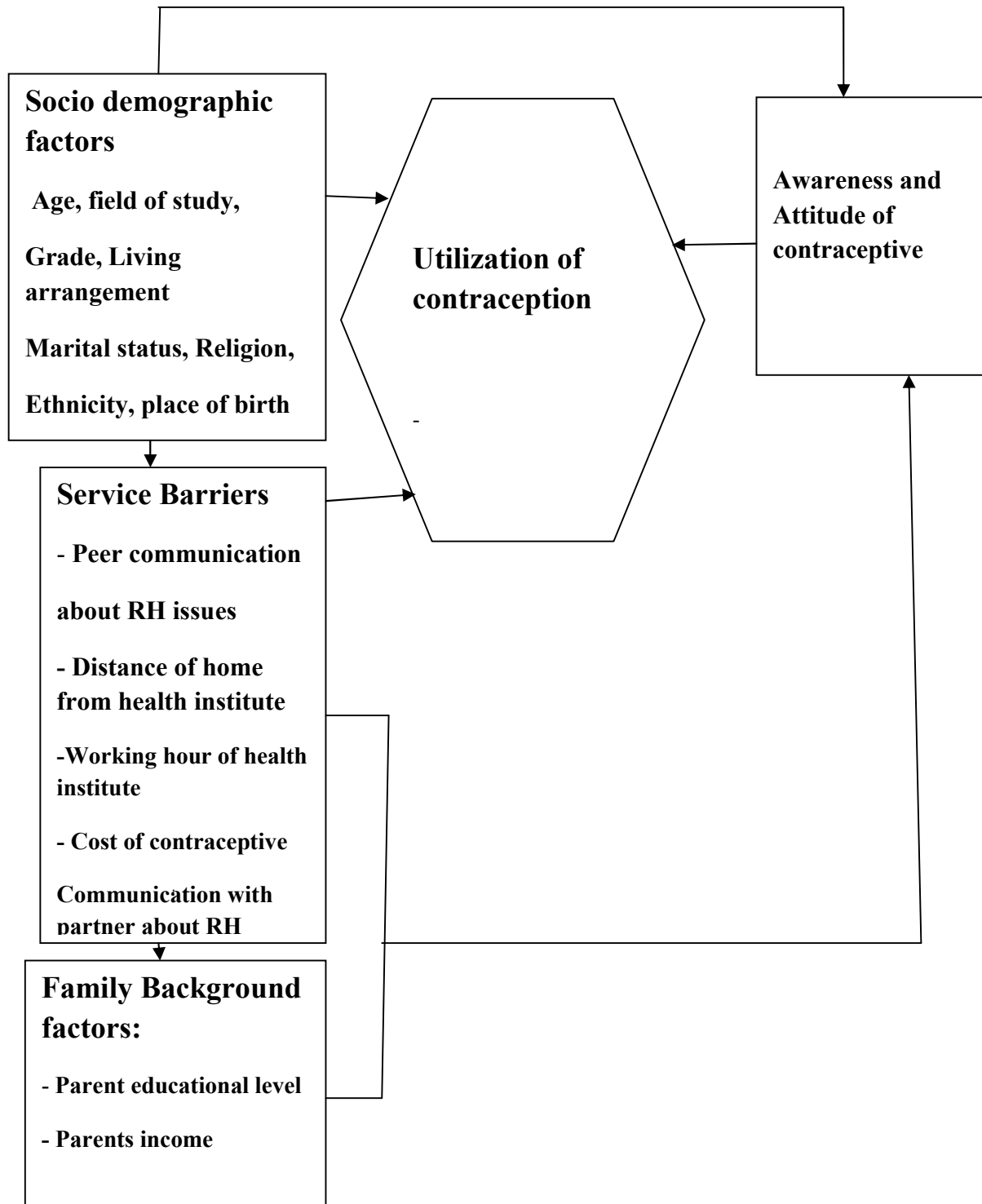


Figure 1 Conceptual frame work

Source: Adopted from Birihanu (2006) and modified after reviewed different literatures.

## **4. OBJECTIVES**

### **4.1 General Objective**

To assess the level of awareness, attitude of contraceptives, utilization and barriers that hinders use of family planning services among adolescent female student in Assela preparatory school.

### **4.2 Specific Objectives**

- To measure awareness , attitude level and utilization of family planning methods of students
- To identify factors associated with the utilization of family planning methods
- Explore barriers to use family planning methods among youth female students.

## **5. METHODS**

### **5.1 study Area and period**

The study was carried out in Assella town, Oromia regional state, South East Ethiopia, with altitude of 2247.25meter above sea level, which is located at 175km east of Addis Ababa, the capital city of Ethiopia. According to woreda health office report for the year of 2013 the total population is 89964. There are 8 ‘Kebeles’ in the town.

Assella town has one public hospital, two health centre, five private clinics and four NGO’s clinics like family guidance association Ethiopia and Merry Stops International working on reproductive health services.

Regards to education profile of Assella town in 2013, there were three secondary schools including governmental and private schools and one governmental preparatory school in the town. A total of 2,309 regular students were enrolled in Grades 11 & 12 out of which the number of female youth students were 894 for academic year of 2014 (Assella town education office).

The study was conducted from February 2014 to April 2014

### **5.2 Study Design**

Institutional based cross-sectional study supported with qualitative method was conducted to assess awareness, attitude, utilization and barriers that hinder use of family planning services among female female student in Assella preparatory school.

### **5.3 Source Population**

The source population was all Assella preparatory school regular female youth students who were registered for grade 11 and 12 during the academic year of 2013/2014.

### **5.4 Study Population**

Assella preparatory school regular female youth students randomly selected from the 36 classes and completed filled the self-administered questionnaire.

### **Inclusion criteria**

Those female students aged 15-24 years, who were attending grade 11-12 at day time during the data collection period, and willing to participate in the study were included.

### **Exclusion criteria**

Critically ill during data collection

## **5.5 Sample Size Determination**

The sample size (n) required for this study was calculated using formula for a single population proportion (p) by taking the proportion of contraceptive use of female youth students in Addis Ababa which was 51%(26), 95% level of significance and 5% margin of error (precision). The sample size was 269 by considering 10% non response rate the final sample size was 296 female youth students.

$$n = \left( \frac{Z_{\alpha/2}}{d} \right)^2 P (1 - P )$$
$$n = \left( \frac{1.96}{0.05} \right)^2 0.51 (0.49 )$$
$$n = 384$$

And, using finite population correction formula to estimate final sample size (nf) from a finite target population.

$$nf = \frac{no}{1 + \frac{no}{N}} = 269$$

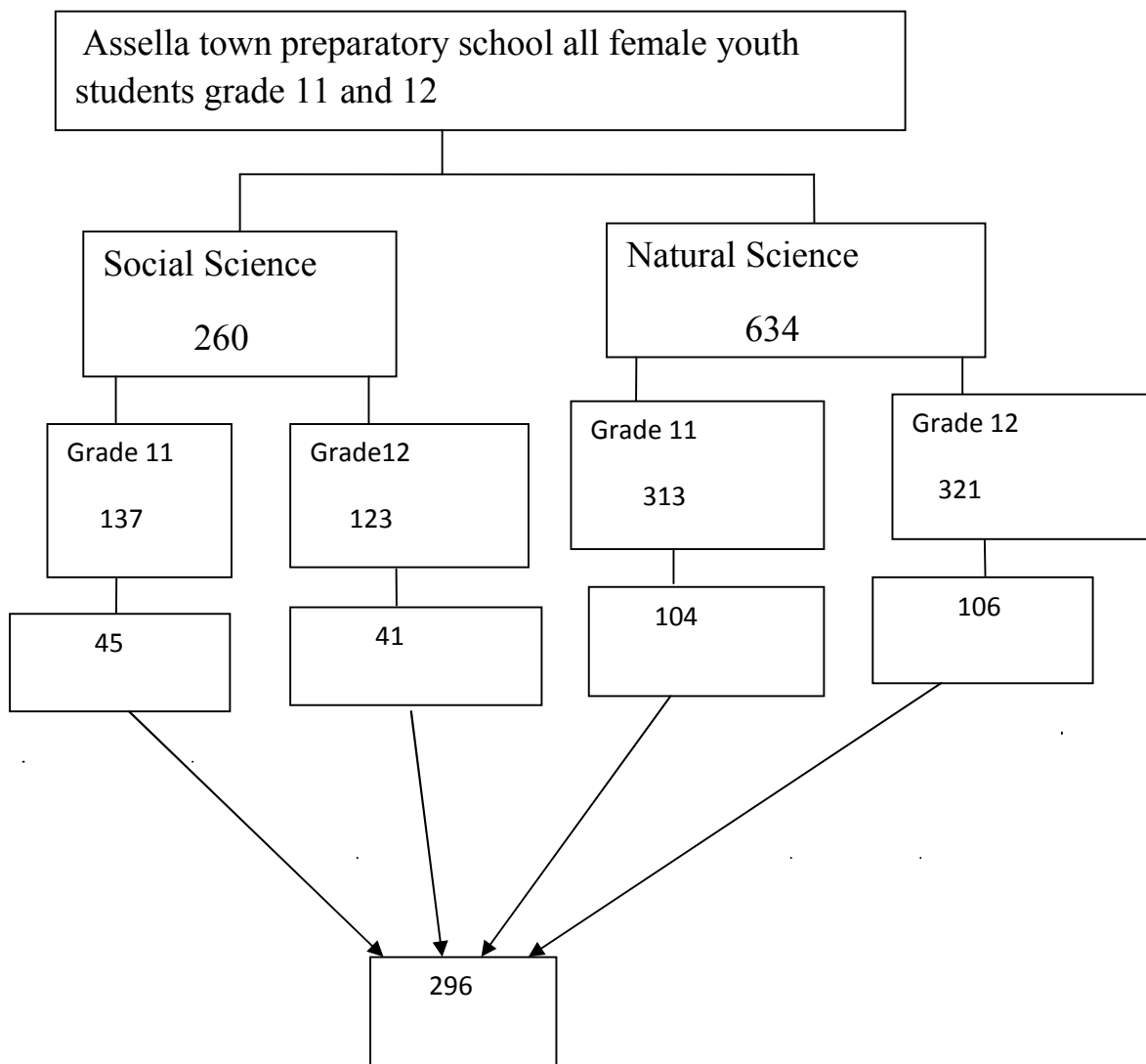
Where no = sample size

$$N = 894$$

By considering 10% non response rate the total sample size was 296.

## 5. 6 Sampling Procedures

As depicted in the figure below, after the list of all female students obtained from the preparatory school for grade 11 and 12, they were selected into the study by using stratified random sampling method with proportional allocation among Natural science and Social sciences stream of the school. First, the number of the female students to be in the sample was calculated proportional to their class year. Then, the sampled students were selected for the self-administered questionnaire proportional to their class size by using systematic random sampling method.



**Figure 2 Schematic presentation of sampling procedure**

## **5.7 Variables**

### **5.7.1 Independent Variables**

**Socio-demographic factors:** age, marital status, religion, ethnicity, place of birth

**Awareness of contraceptive methods:** type of methods and method used

**Attitude toward contraceptive:** benefits, perceptions

**Barriers to family planning services:** type of health institution, Peer communication about reproductive health issues, distance of home from health institute, working hour of health institute, Cost of contraceptive

### **5.7.2 Dependent Variables**

Modern contraceptive utilization by female youth age 15-24 year

## **5.8 Data Collection Tools**

The questionnaire was self-administered structured anonymous questionnaire. First drafted in English developed after reviewing of relevant literatures and adapted from previous similar studies then translated into Amharic language and Oromefa then back to English by another person to ensure its consistency. A number of questions were employed that address the objective of the study and able to measure female youth awareness, utilization and barriers that hinders effective use of the family planning services.

The questionnaire designed to have 5 sub topics. The first part was socio demographic characteristics. The others includes ,awareness of contraceptives and family planning service, attitude towards contraceptives and family planning, experience of youth female students using family planning and service and barriers to family planning service.

## **5.9 Data Collectors and Supervisors**

Four facilitators to collect data and one supervisor, all with qualification of Bachelor degree were recruited from the High School. Training was given for two days by principal investigator to make familiarized with data collection tools. Data collectors were assisting whenever they were in need by supervisors that were assigned from school. The training included briefing on the objective of the study, discussing the content of the questionnaire one by one and more importantly how to keep confidentiality and privacy.

## **5.10 Data Quality Control**

Data collection instrument was pre-tested on 5% of total sample size of youth female students on other preparatory school and adjustments made based on the assessment of its appropriateness. Throughout the data collection supervision was done by supervisors & the principal investigator to keep the quality of data. Completeness of data using simple to understand and pre-tested questionnaire was another quality of the study.

## **5.11 Data Entry and Analysis**

### **5.11.1 Analysis of Quantitative Data**

After data collection the data responses were checked for its completeness and edited accordingly. Then a collected data was entered into computer for analysis by using Statistical packages: Epi-info version 3.5.4. After the entrance and completeness of all data, finally the data was exported to SPSS version 21 for further analysis. Dummy tables that consider the main research questions were made to lead in the analysis. Analysis of frequencies of different variables, bivariate logistic regression and multivariate logistic regression test for some selected variables were done. Those variables with p-value  $\leq 0.3$  were entered into multivariate analysis.

### **5.11.2 Analysis of Qualitative data**

In a society like our where sexuality is a taboo subject and pre-marital adolescent sexual activity face strong disapproval, it is difficult to elicit a real picture of sensitive issues like contraceptive use using purely quantitative data. Taking this into consideration a small scale qualitative study was conducted to collect qualitative data using in-depth interview. Accordingly two in-depth interviews was conducted; three female youth students who were participating in different club found in the school other with key informants like school directors, unite leaders who were concerned in this issue. This two target population of the qualitative study was used to augment the quantitative part of the study. To analyze the qualitative data obtained from in-depth interview data were immediately transcribed and written in narrative forms and was supplemented with notes taken during the interview .Finally, results were extracted and written into summery findings.

In order to systematically approach the participants the interview guide was divided into six parts

1. Could you tell me something about your work here?
2. What are your key responsibilities with regard to adolescents?
3. What do you think are the major problems of adolescents not to use family planning service?
4. What has been done by your organization and other organizations to address these issues?
5. What else do you think needs to be done?
6. Other issues (record the other issues you explored with this particular key informant).

### **5.12 Operational Definition**

**Attitude-** is opinions, outlooks, values, and intentions of the study subject to ward the utilization of contraceptive. Attitudinal variables were measured in this study with five points likert scale ranging from 1(strongly disagree) to 5(strongly agree) and mean score for each constructs was computed and dichotomized into positive and negative. Response those scored above the mean were labeled as having positive attitude and those who scored below the mean were labeled as having negative attitude.

**Awareness-** indicates that the study participants familiar with the presence of the method type of contraceptive, their source and ability to identify the methods.

**High awareness-** those who score above mean to the correct answer from awareness measuring family planning questions.

**Low awareness-** those who score mean and below mean to the correct answer from awareness measuring family planning questions.

**Contraceptives-** refer to agents that used to prevent the occurrence of pregnancy other than abstinence.

**Current contraceptive user-** a female youth using any one of the modern methods currently.

**Modern contraceptives method-** refers to contraceptives that are based on scientific knowledge of the process of conception.

**Natural contraceptives method-** refers to the use of calendar or rhythm of a female youth menstrual cycle to time sexual intercourse with the aim of preventing conception.

**Traditional contraceptive-** methods are contraceptives which are prescribed or supplied by traditional healers or methods used traditionally in specific cultures

without any prescription.

**Unintended pregnancy-** includes both unwanted and mistimed pregnancies

**Unmet contraceptive need-** refers to the proportion of women who are sexually active but are not willing to get pregnant but are not using any contraceptives method.

**Intended pregnancy-** is a pregnancy that is wanted and planned

**Youth-** refers to an individual of age group 15 to 24 years.

### **5.13 Ethical Consideration**

Ethical clearance was obtained from Research and ethics Committee of School of public health, Addis Ababa University. Written letter of support was obtained from Zonal Education Department and town Education office. Verbal consent was obtained from each study participants. Study participants' name was not written. Privacy and confidentiality was assured. The participants were informing that it was their right to refuse or withdraw from the study at any point during the course of study.

### **5.14 Dissemination of the Research Finding**

The final result of the study will be submitted to Addis Ababa University School of Public health, Regional health office, Arsi Zone Education Department, Assella Town Education office and Assella preparatory school. Presentation and publication of result will be carried out accordingly.

## 6. RESULT

### 6.1 Socio-demographic Characteristics of the respondents

Response was obtained from all 296 female youth students making the response 100%. Analysis was made based on the 296 completed questionnaires.

Two hundred sixty one (88.2%) of the respondents were in the age group of 15-19 with the mean age  $18.06 \pm 1.207$ SD. Majority 283(95.6%) were never married .One hundred eighty four (62.2%) of the respondents were Oromo followed by 112(37.8%) were Amhara by ethnicity. Majority 204(68.9%) were Orthodox by religion, 199(63.9%) were reside urban .Two hundred eight (70.3%) live with their parents followed by, 48(16.2%) were living in rental house with their peers. One hundred thirty nine (47.1 %%) received pocket money from their parents. Educational level of their parents 76(25.7%) of fathers have no formal education and 100(33.8%) of mothers have no formal education.

Most of 210 (70.9%) of respondents, the field of study was natural science and the remaining 86 (29.1%) was social science. The grade distribution of female youth were 150(50.7) grade 11 and 146 (49.3) were grade 12(See Table 1).

**Table 1 Frequency and percentage of the socio-demographic characteristics of female youth students of Assella preparatory school, May, 2014**

Variables	Frequency(n=296)	Percentage
<b>Age</b>		
Mean age $18.6 \pm 1.207$		
15-19	261	88.2
20-24	35	11.8
<b>Field of study</b>		
Natural science	210	70.9
Social science	86	29.1
<b>Grade</b>		
11	150	50.7
12	146	49.3
<b>Marital status</b>		
Never married	283	95.6
Married	13	4

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<b>Religion</b>		
Orthodox	204	68.9
Muslim	65	22
protestant	27	9.1
<b>Ethnicity</b>		
Oromo	184	62.2
Amhara	112	37.8
<b>Place of birth</b>		
Urban	189	69.9
Rural	107	31.1
<b>Do you get pocket money</b>		
yes	139	47
No	157	53
<b>Living characteristics</b>		
Living with parent	208	70.3
In rental house with peer	48	16.2
Alone in rental house	34	11.5
With husband	6	2
<b>Level of father education</b>		
No formal education	76	25.7
Primary education	47	15.9
Secondary education	43	14.5
Collage and above	130	43.9
<b>Level of mother education</b>		
No formal education	100	33.8
Primary education	39	13.2
Secondary education	70	23.6
Collage and above	87	29.4
<b>Parent occupation</b>		
Both peasant	101	34.1
Both employee	142	48
Both trader	46	15.5
Others	7	2.4

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## 6.2 Awareness of Contraceptive and Family Planning

The female youth students who ever heard of contraceptive and family planning in this study were 288(97.3%). All the respondents have awareness of at least one form of modern contraceptive method. The most commonly known methods were Injectable 182(63.3%) ,oral

pills 178(60.8%) ,condom 168(58.2%) ,implants 166( 57.6%) , intra uterine device ( IUCD) 157 ( 54.5%) , emergency contraceptive 71( 24.7%) , while the least known method was female sterilization 57( 19.8%) . Majority of respondents 177 (61.5%) knew about family planning while they were in secondary school level and 111(38.5%) were aware of it in their primary school level.

The first common source of information about contraceptive and family planning was mass-media 180(62.5%) and the least source of information 24(8.3%) was internet. Two hundred forty seven (85.8%) of responds agreed that contraceptive and family planning should be thought in the class room as a part of formal education.

Most of the respondents 152(51.8%) knew the benefits that, use of family planning can help for birth spacing, 216(75.6%) prevention of unplanned pregnancy ,65(22.6%) prevent STI/HIVand 9 (3.1%) enhance sexual performance.On the disadvantage of family planning use, more than half of the respondents 157(54.5%) thought it has no significant negative effect but some of the respondents 36(12.2%) thought as it causing cancer, 58(19.6%) increase marital unfaithfulness, 24(8.1) promote promiscuity and 21(7.1) decrease sexual pleasure.

Concerning the level of awareness of contraceptive 157(54.5%) were have high level of awareness while those 131(45.5%) low level of awareness (See Table2).

**Table 2 Awareness of family planning, source of information and school levels of family planning learning among Assella preparatory female youth students, May, 2014**

Variables	Yes Frequency (%)	No Frequency (%)
<b>Ever heard about family planning</b>	288(97.3)	8 (2. 4)
<b>If yes what type (n=288)</b>		
Pill	178(60.8)	110(38.2)
Condom	168(58.3)	120(41.7)
Injectable	182(63.3)	106(36.8)
Emergency contraceptive	71(24.7)	217(75.3)
IUCD	157(54.5)	132(45.5)
Female sterilization	57(19.8)	231(80.2)
Nor plant	166(57.6)	122(42.4)
Natural family planning method	79(27.4)	209(72.6)
<b>What are the source of information(n=288)</b>		
Health institutions/ health worker	91(31.6)	197(68.4)
Mass-media	180(62.5)	108(37.5)
Class room	125(43.4)	163(56.4)
Family	60(20.8)	228(79.2)
Friends/Relative	52(18.1)	236(81.9)
Internet	24(8.3)	264(91.7)
<b>level of school knows about family planning(n=288)</b>		
Primary school	111(38.5)	177(61.5)
Secondary school	177(61.5)	111(38.5)
<b>Benefit of family planning</b>		
help for birth spacing	152 (52.8))	136(47.2)
Prevention of unplanned pregnancy	216(75)	72(25)
Prevent STI/HIV	65(22.6)	223(77.4)
Enhance sexual performance	9(3.1)	279(96.9)
<b>Disadvantage of Family Planning use</b>		
Can cause cancer	36(12.5)	252(87.5)
Increase marital unfaithfulness	58(20.1)	230(79.9)
Promote promiscuity	24(8.3)	264(91.7)
Decrease sexual pleasure	21( 7.3)	267(92.7)
It has no significant negative effect	157(54.5)	131(45.5)
<b>Level of awareness</b>		
High awareness	157(54.5)	131(45.5)
Low awareness	131(45.5)	157(54.5)

### 6.3 Attitude Associated with the Overall Benefit of the use of contraceptive

The summarized attitudinal index indicated that 162(56.2%) of respondents had positive attitude and 126 (43.8%) had negative attitude towards contraceptive benefit (see table 3).

**Table 3** Attitude associated with the overall opinion of the benefit of contraceptive using a likert scale among Assella preparatory school female youth students, May, 2014

<b>Perception n=288</b>	<b>agree</b>	<b>Indifference</b>	<b>Disagree</b>
Having happy family	280 (97.2)	2 (.7)	6 (2.1)
Able to care couple each other	249 (86.5)	12 (4.2)	27 (9.4)
Bringing the relationship together	235(81.6)	15 (5.2)	38(13.2)
A husband who love his wife	196(68.1)	21(7.3)	71(24.7)
Beauty lasts longer with few children	196(68.2)	13 (4.5)	79(27.3)
Improves one's standard of living	249(86.5)	9 (3.1)	30(10.4)
Helps mother regain strength after birth	222(77)	17(5.9)	49(17.1)
Protect mothers health	266(92.4)	4(1.4)	18(6.2)
Protect children health	262(91.4)	7(2.4)	19(6.6)
Living with Peace of mind	249(86.5)	12(4.2)	27(9.3)
<b>Attitude of students</b>			
Positive attitude	162	56.2%	
Negative attitude	126	43.8%	

### 6.4 Sexual Activity and Contraceptive Utilization

Out of 296 respondents who responded about their sexual experience 67(22.7%) reported having had sexual intercourse. The minimum age at sexual debut was 15 years, the maximum age 20years; the mean age was 17.3 years with SD  $\pm$ 1.155 years.

The experience of participants with contraceptive use, out of sexually active respondents 41(61%) with (95%CI 55.5-66.5) currently using a contraceptive methods. Condom was the most commonly used method which was used by 10(24.4%). The reason for the use of family planning method 31(75%) was to prevent unplanned pregnancy.

The study finding also showed that 229(89.8%) of respondents not currently using any form of contraceptive for the reason that they were not sexually active. Out of 296 respondents 228 (77%) is intention to use family planning and contraceptive methods for the future (see table 4).

**Table 4 Sexual Activity and contraceptive utilization among female youth students of Assella preparatory students May, 2014**

Variables	Yes Frequency (%)	No Percentage (%)
<b>Ever had sexual intercourse (n=296)</b>	67(22.7)	229(77.3)
<b>Age at first sexual act</b>		
15-19	63(94)	
20-24	4(6)	
Mean age	<b>17.3±1.155</b>	
<b>Who force you to attempt sex n= 67</b>		
Love of boy friend	35(52.2)	32(47.8)
Student female friends	23(34.3)	44(65.7)
Relatives	9 (13.4)	58(86.6)
<b>Currently using contraceptive (n=67)</b>	41(61)	26(39)
<b>Methods currently used (n=41)</b>		
Oral pill	6(14.6)	35(85.6)
Injectable	9(22)	32(78)
IUCD	3(7.3)	38(92.7)
Implants	6(14.6)	35(85.6)
Condom	10(24.4)	31(75.6)
Emergency contraceptive	4(9.8)	37(90.2)
Natural contraceptive	3(7.3)	38(92.7)
<b>Intention to use family planning for the future(n=296)</b>	228(77)	68(23)
<b>If you are not currently using Family planning method, what is /are your reasons (n=255)</b>		
Not sexually active	229(89.8)	26(10.2)
Desire to get pregnant	5(2)	250(98)
Preventing pregnancy by other means	10(4)	245(96)
I feel can't get pregnant	4(1.6)	251(98.4)
Afraid of possible side effect	7(2.7)	248(97.3)

## **6.5 perceived access to Family Planning Services**

About 222(75%) of respondents can easily access family planning services .the services were always available for 154(52%) them but 111(37.5%) they didn't know whether the service always available or not.Concerning service satisfaction from those who were attended the service 22 (33%) very satisfied with the given service, 21(31.2) partially satisfied and 24 (35.8%) not satisfied with the service given.

Of the 177 (59.2%) respondents the nearest service that provide family planning service was governmental health institution .The distance of the nearest service for 58(19.6%) 500killometer, 60(20.6%) 1killometer, 47(15.9%) 2killometer, 22 (7.4%) away from their residential area and 109(36.8%) they didn't know how the distance was close. (See table5).

**Table 5 perceived Access to family planning service among female youth students of Assella preparatory school, May, 2014**

<b>VariableS</b>	<b>frequency</b>	<b>percentage</b>
<b>Easily access to family planning service n=296</b>		
Yes	222	75
No	74	25
<b>FP Service always available n=296</b>		
Yes	154	52
No	31	10.5
Don't know	111	37.5
<b>Family planning Service Satisfaction n=41</b>		
Very satisfied	22	33
Partially satisfied	21	31.2
Not satisfied	24	35.8
<b>Which FP service close to you n= 296</b>		
Governmental H.Institution		
Yes	177	59.2
No	119	40.8
Youth center		
Yes	7	2.4
No	289	97.6
NGO		
Yes	53	17.9
No	243	82.1
<b>Distance of the closest service</b>		
Five hundred meter	58	19.6
One kilometer	60	20.6
Two kilometer	47	15.9
Away from their residential area	22	7.4
Don't know	109	36.8

## 6.6 Barriers to Use the Service of Family Planning

Concerning Convenience of the service hour out of those who utilized family planning service 16(39%) of the respondents the service rendering institutions hours were convenient to use for them and 25(61%) the service hours were not convenient to them.

The religion of 128(43.3%) respondents acts as a barrier to use contraceptive or family planning services .This also supported by qualitative findings as follow

*An 18 years grade 11 female youth student said” Due to religious rule and regulation not only using contraceptive but also it is forbidden to play and to shake the hand of male. Generally the youth or the women in religion not allowed using contraceptive in religious aspect”.*

*A19 years grade 12 female youth said that” If as a chance I bought contraceptive and seen on my hand or in my bag it counts as disobedient breaks the religious norm and conducting promiscuity without being married, even if I am in puberty stage and desire to have sex, due to religious constraint I have to hide my interest to buy and to use contraceptive “*

About 279(94.3%) of female youth students didn't discussing issue of family planning with their family. This was also supported by the respondents in in-depth-interview as follows.

*A 20 years old female youth said “ Family didn't allow us to discuss about contraceptive and sexuality because they count as it is a health hazard and a way that promote sexuality ,in this case contraceptive use is a girl's secret”.*

*A 35 years old female from school administration and teacher in profession said” Most of the parent didn't talk to their daughter the matter of sexuality because they didn't think they were sexually active, problems were happen in our school related to this issue, for example there was a girl who live alone in rental house she became pregnant due to un protected sex ,she hide pregnancy, lastly she forced to terminate her education and gave birth .*

Currently school reproductive health service didn't provide in school, this expressed by

*A38 male teacher acting as HIV/AIDS club organizer said” In our school no services that can provide family planning issues and HIV/AIDS except small session lecture given in the class room which is in adequate. Even if the problem on family planning and other health issue existed, due to man power and budget constraints we didn't provide the service”. If ministry of education collaborates with ministry of health, problems can be solved easily and students can access the reproductive health service.*

**Table 6 Barriers to access and use of family planning service among female youth students of Assella preparatory May, 2014**

Variables	Yes Frequency (%)	No percentage (%)
FP Service hour Convenient (n=41)	16(39)	25(61)
Is your religion as a barrier of FP(n=296)	128(43.3)	168(56.7)
Discuss FP with partner(n=67)	45(67.2)	22(32.8)
Partner agree with use of(N=67) Contraceptive	46(68.7)	21(31.3)
have you discussed family planning with family (n=296)	17(5.7)	279(94.3)
Money as a barrier to use contraceptive (n=67)	14(20.9)	53(79.1)

### **6.7. Factors associated with utilization of family planning methods among Assella preparatory school female youth students, multivariates**

From bivariate analysis to multivariate analysis due to small number of some variables in each cell the study consider fisher's exact test. Those variables save in the fisher exact test and P-value  $\leq 0.3$  preformed to identify independent predictor's of utilizations of family planning method.

There were statically significant associations of utilization of family planning with place of residence and service satisfaction. The odds of utilization of family planning were 4.6 times higher among female youth students reside in urban than those who were reside in rural .The odds of utilization of family planning were 9.75 times higher among female youth students (categorized as, very satisfied versus didn't satisfied) with family planning service (see table 7).

**Table 7 Determinants of utilization of family planning method among Assella preparatory female youth students in May, 2014**

Variables	Utilization of contraceptive		COR(95%CI)	AOR (95%CI)	P- value
	Yes	No			
<b>Age</b>					
15-19	31	22	.56(.16-2.03)	3.31(.48-22.75)	0.22
20-24	10	4	1		
<b>Place of residence</b>					
Urban	21	7	0.351(121-1.014)	4.60(1.06-19.94)*	0.04
rural	20	19	1	1	
<b>Service satisfaction</b>					
Very satisfied	18	4	7.50(1.92-29.29)	9.75(1.62-58.71)*	0.01
Partially satisfied	14	7	3.33(.98-11.37)	4.70(.86-25.72)	.75
No satisfied	9	15	1		
<b>The cost to obtaining FP</b>					
expensive	13	15	5.19(.95-28.49)	.13(.02-1.04)	0.05
Cheap	13	9	8.65(1.66-45.14)	.31(.05-2.03)	0.22
Can get free	15	2			

## 7. DISCUSSION

This study has attempted to assess the awareness, attitude, utilization and barriers to family planning service among Assella preparatory female youth students. Awareness of contraceptive and family planning among those who heard about family planning was 97.3%. This is related with the study conducted in Lesotho 97.5% and a little higher than the study in Bahir Dar senior secondary school which was 88.5%( 24, 28).

The study has also indicated that mass media, class room teaching, families, friends and internet were frequently reported sources of information. The majority of respondents reported mass-media was the most frequent source of information which accounts 62.5%. This is in line with EDHS, 2011 report the most source of information were mass- media.

Awareness of family planning is a prerequisite to obtain access and using a sustainable contraceptive method. Based on this finding 97.3% respondent at least mentioned one form of contraceptive method. This finding is in agreement with the study conducted in Addis Ababa reported contraceptive awareness of female youth students were 97.8% (26).

This study also revealed that overall 22.6% respondents were sexually active. The mean age at sexual debut was  $17.3 \pm 1.155$  SD years. This is similar with the study in Bahirdar secondary school the mean age a sexual debut was 17 yeasers.

Engagement in sexual activity in this study group was lower than previous report from Addis Ababa which reveled 26.5% of adolescents were sexually active and comparable with north part of Ethiopia which was 22%(24,26). It also lower than other African country were adolescent sexual activity in Nigeria 41% and Kenya 30%(12,33). Different factors may have forced school female youth to engage in a premarital sexual practice. Due to an inherent risk in being youth and the need to experiment different things by this age groups. Most of female youth sensitive to peer's opinion; perception of peers often had a great influence on sexual and other risk taking behavior than the opinion of parents and older adults.

In this study among the reason reported by the female youth students for the initiation of sexual practice for the first time, 52.2% were to prove love of boy. Others pressurized by their peers 34.3% and forced by relative were 13.5%.

In our study 61% of sexually active female youth students currently used contraceptive. This is greater than study in Addis Ababa 51% (26), and study conducted by Ethiopian Demographic and Health survey which was 12% for the age group 15-24 years of female youth sexually active. Also it is greater than study in Bahirdar senior secondary school female youth which was 8.5% of sexually active high school students reported use of contraceptive (24, 8). This variation could be due the difference in study time & socio-demographic condition of the study population.

In this study 24.4% sexually active study participants use condom followed by injectable 22% and implants 17%. The result in this study was lower than the study conducted in Gondar town those who were chose condom as first preference contraceptive accounts 46.5% and injectable contraceptive method 42.7% (34). The reason why they were use family planning method 76% was to prevent un planned pregnancy .

The nearest health institution that serves for the use of contraceptive was governmental health institutions covers 59.2%. This is a greater than study conducted in Gonder 52% of female youth utilize contraceptive from governmental health institution (34).

Those who were intention to use family planning service for the future in this study accounts 77%. This may indicate that youth with secondary education and above were more likely to utilize family planning service. This can be explained by the fact educated female youth have an increase awareness about availability of the service, benefit of utilization family planning service, and have a higher acceptance towards new health related information and better communication.

Use of family planning service is an important indicator of the level of protection from the consequence of unprotected sex. Thus what determine the barriers that hinder utilization of family planning service among female youth students could be important issues for planners and policy makers to identify areas of interventions to protect sexually active female youth students from consequence of unprotected sex.

The finding of this study indicated that discussion of family planning related issues with parents showed most of the study participants 94.3% didn't discuss the issues of family planning with their parents. This may showed negative association with family planning use could be opposite to the logical thinking that discussing sex related issue with parents would help to protect female

youth from consequences of unprotected sex. This could indicate negative attitude of parent towards contraceptive, it could also imply the fear of parents that contraceptive encourage promiscuity. This is agreed with our qualitative part of study that shows issues of contraceptive use were only the secret of female youth. Other study conducted in Kenya also indicated only 7.5% female youths were discuss issues of family planning with parents (35).

Religion has often been said that, behavior comes out of belief systems hence many people have equated sexuality with some form of religion or gospel that has emanated as a response to female youth sexual problems. Some of the positive impact of religion on sexuality have been said to include, postponement of age of first sexual experience, diminished pre and post marital sexual permissiveness, responsible relationship in marriage and parenthood.

Invariably, religion continues to pose a challenge to the successful implementation of family planning methods and services. In this study about 43.3% of participants reported religion as objection to utilize family planning methods. This is agreed with our qualitative study that of participant in qualitative part study suggest religion as barrier to utilize contraceptive and agreed with study conducted in Zimbabwe and Kenya (36).

## **8. STRENGTHS AND LIMITATION OF THE STUDY**

### **8.1 Strength**

- ❖ The strength of the study was maintained by use of standardized questionnaire
- ❖ Pre-testing the questionnaire had given reliability to the data.
- ❖ The study involved the decision makers' view (school teachers and education office staffs) and could help for people interested on designing of curriculum on reproductive and sexual health for schools.

### **8.2 Limitation**

- The data was collected only from female youth preparatory students. In the area where only small proportion of female youth got chance to joining preparatory school, so the result has limited power to be generalize to all female youth in the study area.
- Limited similar studies on preparatory students in Ethiopia specific to this age group 15-24 on utilization of family planning to compare the results are limitation of the study.
- This study was based on cross – sectional data, which implies that the direction of casual relationships cannot always be determined.

## 9. CONCLUSION

- Relationship with parents in terms of sexual health among female youth were low , family life education program in school and elsewhere should provide female youth with essential information how to guide them and refrain from unnecessary sexual practice ,STI and HIV/AIDS.
- Majority of female youth have intention to use family planning methods in the future, so appropriate sources of information and availability of contraceptive in school is important issues to utilize family planning for the future.
- Female youth felt not properly thought and guided on how to lead their sexual life neither from the school nor from their parents.
- Since the school has no clinic that served for the youth, establishment of youth friendly service center including contraceptive counseling and other reproductive health service in school set up is very important.

## 10. RECOMMENDATION

- Providing information about family planning method should also include possible sources of contraceptive and others youth reproductive health issues
- Parent ,religious leaders , teachers and others influential person should educate about adolescent reproductive health to enable them uphold their responsibilities towards their youth sexual development
- Improving peer education and upgrading school clubs that are working on reproductive health at present would help to address accurate information and minimize misconception about family planning service and use of contraceptive
- Conducting further study on the attitude of decision makers to validate the need for promotion ,provision and distribution of family planning methods incorporating health institution , youth reproductive health programs in preparatory school is highly advisable
- Since governmental health centers were the most closest service for utilization of family planning service for sexually active female youth students in this study and other similar studies, health planners and policy makers should be identify areas of interventions and design a program that aims to make conducive environment for utilization of family planning service that prevent from consequences of un protected sex.

## 11. REFERENCE

1. John H. Contraceptive Knowledge, Perceptions and Use among Adolescents *Journal of Sociological Research*. 2012;3(2):170 - 80.
2. World Health Organization. The sexual and reproductive health of younger adolescents. 2011.
3. Stiftung D. Youth to youth initiative an assessment of results in Ethiopia and Kenya. Youth-to-YouthInitiative. August 2011.
4. World Health Organization. Update on family planning in Sub-Saharan Africa: In repositioning family planning guide line for advocacy action; . 2010.
5. Tripp J, Viner R. ABC of adolescent sexual health, contraception and teen age pregnancy. *British Medical Journal*. 2005;3(30):590-3.
6. Agency C. Ethiopian Demographic and health survey. Addis Ababa: CSA. 2011.
7. Save the children. Adolescent Sexual and Reproductive Health Programs in Humanitarian Settings 2012.
8. World Health Organization. Adolescent pregnancy. Fact sheet. 2012;364(4):1-4.
9. Assella Town health office. annual report on reproductive health service. 2012.
10. Martine C, WHO. Social science methods for research on sexual and reproductive health 20sd12.
11. Sadana R. Definition and measurement of reproductive health *Bulletin World Health Organization*. 2002;80(5).
12. EY Tenkorang, Tyndale E. Factors influencing the timing of first sexual intercourse among young people in Nyanza. *Kenya International family planning perspectives*. 2008;34(4):177-88.
13. International Planned Parenthood Federation. Facts on the Sexual and Reproductive Health of Adolescent Women in the Developing World. 2010.
14. Oye Adeniran. Community based study of contraceptives behavior in Nigeria. *African Journal of Reproductive Health*. 2006;10(2):90-104.
15. International Finance Corporation, World Bank Group. Corporate social responsibility 2007.
16. Scott A, Glasier A. Evidence based contraceptive choices. *Best Practice & Research Clinical Obstetrics & Gynecology*. 2006;20(4):665-80.
17. McMahon S, Mann J. Contraception. *BMC Women's Health*. 2004;4(25):1-30.

18. Biddlecom AE. Protecting the Next Generation: Learning from Adolescents to Prevent HIV and Unintended Pregnancy. New York: Guttmacher Institute. 2007.
19. Path finder international. . Knowledge, Attitudes and Practices in Family Planning. Results of a September 2004 Survey in Amhara, Oromia, SNNPR and Tigray Regions of Ethiopia. June; 2005.
20. Tamire W, Enqueselassie F. Knowledge, attitude and practice on emergency contraceptives among female university students in Addis Ababa Ethiopia. Ethiopian Journal of Health Development. 2007;21(2):111-6.
21. Senbeto E, Alene GD, Abesto N. Prevalence and associated risk factors of induced Abortion in North West Ethiopia. Ethiopian Journal of Health Development. 2005;19(1):37-44.
22. Bankole A, Ahmed F, Ouedraogo C, Konyani S. Knowledge of correct condom use and consistency of use amongst adolescents in four countries in Sub-Saharan Africa. African Journal of Reproductive Health. 2007;11:198-220.
23. International Planned Parenthood Federation. Provide strengthening youth friendly service. 2008.
24. Mulugeta T. Reproductive Health Knowledge, Attitude & Practice among high school students in Bahir Dar Ethiopia. African Journal of Reproductive Health. 2003;7(2):39-45.
25. Eaton DK. Youth risk behavior surveillance, United States. Morbidity & Mortality Weekly Report. 2006;55(5):25-34.
26. TSigereda G. Barriers to use contraceptive among adolescents in the city of Addis Ababa. master's theses. 2004.
27. Path finder international. Bringing Youth-Friendly Services to Scale up in Ethiopia. 2008.
28. Oluwasanmi L, Akintade M. Awareness, use of and barriers to family planning services among university students in Lesotho. Human Sciences Research Council. 2011;17((3):73-7.
29. Campbell M, Sahin-Hodoglugil NN, Potts M. Barriers to fertility regulation: a review of the literature. Studies in family planning. 2006;6(37):87-98.
30. Ohene S, Akoto I. Factors associated with sexually transmitted infections among young Ghanaian women Ghana Medical Journal. 2008;42(3):96-100.
31. Williamson. Limits to modern contraceptive use among young women in developing countries. licensee Bio Med Central. 2009.

32. Dejene T, Tsion A, Tefera B. Knowledge, attitude and practice of emergency contraceptive among Adama University female students. *Ethiopian Journal of Health science*. 2010;20(3):195-202.
33. Romathumba D, Khola L, Netsshiweta M. Knowledge, attitude and Practice of secondary school girls towards contraception in Limpopo province. *Nigeria*. 2012;35(1):1-7.
34. Feleke et al. Reproductive Health Service Utilization and Associated Factors among Adolescent (15-19 years old) in Gonder town, North West Ethiopia. *BMC Health services Research*. 2013;13(294):1-10.
35. Joyce W, Kinaro. Why Adults and teachers information about sexual behavior and its consequences does not prevent unplanned pregnancies among adolescents in Nairobi, Kenya. *International family planning perspectives*. 2013; 5(1):14-23.
36. Erulkar A, Onoka C, Phiri A. What is youth friendly adolescent's preference for reproductive health services in Kenya and Zimbabwe. 2001;9(5):51-8.

## Annexes

### **Annex I. Information sheet**

My name is ----- I am working as data collector in a study conducted by the graduate student of school of public in Addis Ababa University. self administered questions were prepared for youth aged 15-24 years old to assess awareness , utilization and barriers to use family planning service among female students who are learning in Assella preparatory school .The purpose of this study is in order to generate information necessary for the planning of appropriate strategies (interventions) of family planning service . To attain this purpose, your honest and genuine participation by responding to the question prepared is very important & highly appreciated.

#### **Investigators name and address:**

Name Solomon Tejneh

Address: Addis Ababa University School of Public Health

\_ Tell: 0911816781

\_ Email: [stejneh@yahoo.com](mailto:stejneh@yahoo.com)

**Annex II. Confidentiality and consent**

We would like you to answer some personal questions that some people may find it difficult to answer. Your answers are completely confidential. Your name will not be written on this form. Any person will not be told what you said in connection to your name. You do not have to answer any question if you don't want to and you can stop to answer the questions at anytime. However your honest answer to these questions will help us to better understand your experience of awareness, utilization and barriers to family planning service. We would greatly appreciate your help in responding to this study. It will take about 20 - 30 minutes.

Would you be willing to participate?

You have a full right to participate throughout, or to discontinue at any time, or never participate in the study.

Are you willing to participate in the study?

Yes       No

Signature of data collector \_\_\_\_\_

(Signature of data collector certifying that informed consent has been given verbally by respondent)

**Annex III .English Questionnaires**

Part 1 socio demographic Variables				
Instruction circle the number of your choice				
NO	Questions	Response and coding	Skip to	Code
<b>Part1Socio demographic Characteristics of the respondent</b>				
1	How Old are you? Write in completed years	_____ years		
2	Field of study	Natural science----- 1 Social science----- 2		
3	Grade	11 ----- 1 12----- 2		
4	What is your marital Status	Never married ----- 1 Married ----- 2 Divorced ----- 3 Widowed----- 4 Other specify-----98		
5	What is your religion	Orthodox ----- 1 Muslim ----- 2 Protestant ----- 3 Catholic----- 4 Other specify _____ 98		
6	What is your ethnicity	Oromo ----- 1 Amahara ----- 2 Gurage ----- 3 Tigre ----- 4 Other specify _____ 98		
7	Where did your place of birth	Urban----- 1 Rural----- 2		
8	With whom do you (usually) live?	with parent(father, mother & others)--1 With peers in rental house----- 2 Alone in rental house----- 3 With boy friend ----- 4 With husband----- 5 If other specify _____ 98		

9	What is the level of your father's education?	Illiterate----- 1 Reads and Writes----- 2 Completed Elementary----- 3 Completed Secondary----- 4 12 plus 1to2 years training----- 5 First degree and above----- 6 Do not know-----99		
10	What is the level of your mother's education?	Illiterate----- 1 Reads and Writes----- 2 Completed Elementary----- 3 Completed Secondary----- 4 12 plus 1to2 years training----- 5 First degree and above----- 6 Do not know -----99		
11	What is your parents' occupation?	both peasant----- 1 both employee----- 2 both traders----- 3 If other ----- Father _____ Mother _____		
12	Can you estimate monthly income of your family?	Specify the amount of money in number  -----98		
13	Have you pocket money?	Yes----- 1 No----- 2		
14	If <b>yes</b> for question number <b>13</b>	Specify the amount of money in number  -----98		
<b>Part 2 Your awareness of Contraceptives and family planning services</b>				
15	Have you ever heard about Family Planning Methods?	Yes ----- 1 No ----- 2		
16	Are you aware that contraceptives are used to control births and space children?	Yes----- 1 No ----- 2 Don't know----- 3		
17	<b>For Question number 16: If yes, at what level of your schooling did you get to know about it</b>	Primary school ----- 1 Secondary school----- 2		
18	What were your sources of information?  (you can tick more than one)	Health institution / health worker---- 1 Mass media (TV/Radio, newspaper)-- 2 In the class room----- 3 Family----- 4 Friends/Relatives ----- 5 Internet -----6		

		If others specify----- 98		
19	Have you had any formal (class room) teaching on family planning throughout your years of schooling?	Yes ----- 1 No ----- 2	If no go to Q21	
20	<b>For question number 19:</b> If yes, at what level	Primary school ----- 1 Secondary school ----- 2		
21	Do you think family planning should be taught in schools?	Yes ----- 1 No ----- 2	If no go to Q23	
22	<b>For question 21: If yes,</b> at what level should family planning be taught in school	Primary school ----- 1 Secondary school ----- 2		
23	Which methods of modern family planning do you know (you can choose more than one)	Oral Pill----- 1 Injectable ----- 2 intra uterine contraceptive(IUCD)---- 3 Norplant/Implants-----4 Condom -----5 Emergency contraceptives (morning after pills)----- 6 Female Sterilization----- 7 Natural family planning----- 8 Don't know any ----- If Others (Specify)-----98		
24	Which family planning methods can prevent sexually transmitted infections	Oral Pill----- 1		

	<p>STIs/andHIV/AIDS? (you can choose more than one)</p>	<p>Injectable ----- 2          intra uterine contraceptive(IUCD)---- 3          Norplant/Implants-----4          Condom -----5          Emergency contraceptives (morning after pills)----- 6          Female Sterilization----- 7          Natural family planning-----8          If Others (Specify)-----98</p>		
--	---	---	--	--

**Part 3 Attitude toward contraceptive and family planning**

<p>25</p>	<p>What are the benefits you think one can derive from family planning?(you can choose more than one)</p>	<p>Control number of birth-----1          Prevent unplanned unwanted pregnancy-----2          -----2          Prevent sexually transmitted infection3          Enhance sexual performance-----4          No significant positive effect-----5          Don't know-----99</p>		
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26	<b>Please express your perception about the overall benefits of family planning by ticking one of the five responses to each statement</b>					
		<b>Strongly Agree</b> 5	<b>Agree</b> 4	<b>In different</b> 3	<b>Disagree</b> 2	<b>Strongly Disagree</b> 1
A	Having a happy family					
B	Able to care couples for one another					
C	Loving with peace of mind					
D	Bringing the relationship closer					
E	A husband who loves his wife					
F	Beauty lasts longer with fewer children					
G	Improving one's standard of living					
H	Helps mother regain strength after birth					
I	Protects children's health					
J	Protects mother's health					
	<b>Questions</b>	<b>Responses and coding</b>			<b>Skip to</b>	<b>Code</b>
27	What in your opinion about the negative effects of family planning?	Can cause cancer -----1 enhances marital unfaithfulness----- 2  Increase promiscuity -----3 Decrease sexual pleasure----- 4  No significant negatives effect-----5				
<b>Part 4 Your Sexual experience, using family planning methods and services</b>						
28	Have you ever had sexual intercourse?	Yes----- 1 No----- 2			If no go to Q36	
29	<b>If yes for question number 28, at what age were you had the first</b>	Write Age in complete years _____				

	sexual intercourse	I do not remember-----		
30	<b>If yes for question number 28</b> , who force you to have sexual intercourse	Student friends----- 1 Teacher----- 2 A relative in the parent's _____ 3 Unknown person _____ 4 by your interest-----5 Specify if other _____ 98		
31	Are you or your partner currently using any method now?	Yes ----- 1 No----- 2		
32	<b>For question number 31: If yes</b> , what method/s are you or your partner currently using (tick) you can choose more than one	Oral Pill----- 1 Injectable ----- 2 intra uterine contraceptive(IUCD)---- 3 Norplant/Implants-----4 Condom -----5 Emergency contraceptives (morning after pills)----- 6  Female Sterilization----- 7 Natural family planning----- 8 If Others (Specify)-----98		
33	<b>For question 31: If no</b> , have you ever used any method/s before	Oral Pill----- 1 Injectable ----- 2 intra uterine contraceptive(IUCD)---- 3 Norplant/Implants-----4 Condom -----5 Emergency contraceptives (morning		

		after pills)----- 6 Female Sterilization----- 7 Natural family planning----- 8 If Others (Specify)-----98		
34	Have you discontinue family planning use in the past because of side effect	Yes----- 1 No-----2		
35	Why are you using family planning? ( <b>if presently using any method</b> )	Prevent unplanned pregnancy----- 1 To prevent sexual transmited disease-----2 -----2 Treat gynecological problem----- 3		
36	Why are you not using family planning now ( <b>if not using any</b> )	Not sexually active-----1 Desire to get pregnant-----2 Preventing pregnancy by other means-3 I feel I can't get pregnant-----4 Afraid of possible side effects-----5 Other reasons(specify)_____ 98		
37	Can you easily access the services?	Yes-----1 No-----2		
38	Are the services always available?	Yes-----1 No-----2 Don't know-----99		
39	Are you satisfied with the services?	Very satisfied-----1 partially satisfied-----2 Not satisfied-----3 don't know-----99		
40	Have you intention to use family planning for the future	Yes----- 1 No----- 2		

Part 5 Barriers to family planning services			
41	Do you know of any family planning service centre that is close to your house?	Yes-----1 No-----2	
42	How close is the nearest centre to you?	Five hundred meter away from home -- ----- 1 One kilometer away from home-----2 Two kilometer away from home-----3 outside your place of residence-----4 Don't know-----99	
43	What is the institution that provides you the service?	Health centre----- 1 Private health institution-----2 Governmental Hospital-----3 Dedicated family planning centre(NGOs) like family guidance association of Ethiopia-----4 Youth centers-----5	
44	Are you aware whether there are family planning services in your school or not?	Yes-----1 No-----2	
45	Have you ever been denied contraceptive /family planning service before?	Yes----- 1 No-----2 Don't know -----99	If no go Q47
46	<b>If question number 45 yes, what was the problem/reason (Specify)</b>	Specify the reason-----98	
47	Have you ever been turned back/refused services from family planning service centre during working hours before for	Yes----- 1 No-----2 Don't know-----99	If no go to Q49

	any reason?			
48	<b>If question number 47: yes</b> what was the reason (specify)	Specify the reason-----98		
49	Are the hours the facility open convenient for you?	Yes-----1 No-----2 Don't Know-----99	If yes go to Q 51	
50	<b>For question number 49: If no</b> what time will be most convenient for you	Early in the morning-----1 Afternoon-----2 Evening/night-----3 Weekends-----4 Holidays-----5 Others specify ----- 98		
51	Does your religious belief act as a barrier to contraceptive use?	Yes-----1 No-----2 Don't know-----99		
52	Have you discuss with your Spouse /partner about the use of family planning at any time?	Yes-----1 No-----2 Not applicable-----3		

53	Did your partners agree to your use of family planning?	Yes-----1 No-----2 Not applicable-----3		
54	Is your family in support of your use of family planning?	Yes-----1 No-----2 Not applicable-----3		
55	Has money ever hindered you from the use of family planning?	Yes-----1 No-----2 Not Applicable-----3		
56	Over all what do you think about the cost of obtaining family planning services?	Much expensive-----1 A little expensive-----2 Cheap-----3 Acceptable-----4 No cost ( can get free )----- 5 Don't know-----99		

**Annex IV. In-depth Interview Check list and Guiding Question**

**Check-list for in-depth interview with key informants**

Name of interviewer.....

Name of note-taker, if different.....

- 1. Identification number of person interviewed.....
- 2. Position of person interviewed.....
- 3. Organization of key informant-----
- 4 where the interview took place.....
- 5. Date and time of interview.....
- 6. Tape recorder used? Yes/No

Check points Researcher to give his/her name

Today I would like to discuss with you some issues that are important to school youth in our country. As you are key informant here, your opinions and experience are important to us and will help us to design appropriate strategies to prevent family planning service barriers that can reduce unwanted/unplanned pregnancies and its outcome. Thank you for your willingness to share your experiences and opinions

**Ethical issues**

We will not use your name in our documents and your participation will be kept confidential.

You may withdraw at any time. You do not have to answer every question.

Are you willing to participate?    Yes     No

Permission must be given if a tape recorder is being used

**Question Guide for in-depth interview with key informants**

- 1. Could you tell me something about your work here?
- 2. What are your key responsibilities with regard to adolescents?
- 3. What do you think are the major problems of adolescents not to use family planning service?
- 4. What has been done by your organization and other organizations to address these issues?

5. What else do you think needs to be done?
6. Other issues (record the other issues you explored with this particular key informant).

**Interview Guide for Key informants about Barriers to use contraceptive service among school female youth**

1. What barriers of any might prevent youth from routinely using contraception information and service? Your perception and attitude
2. Personal, Moral, or religious objection
3. How often do you discuss about contraception with your students?
4. What do for school youth if they need to get help to use contraceptive and family planning service?
5. Probe Do your school provides family planning service and information for school youth?  
Yes/No  
If yes at what time do the school provide for them?

---

6. what could be done to make schools more responsive on sexuality issues, family planning services students should be entitled

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**Conclusion**

We will close our interview here. We want to thank you for sharing your ideas and opinions today .Do you have anything you would like to add? How do you fill about our discussion? Do you have any suggestions

Annex V: Amharic Information sheet and Questionnaire

በአዲስ አበባ ዩኒቨርሲቲ የህክምና ፋካሊቲ የህብረተሰብ ጤና ክፍል

Annex\_ በአሰላ ከተማ ውስጥ አሰላ መሰናዶ ት/ቤት ለሚገኙ ሴት ተማሪዎች ስለ ቤተሰብ እቅድ ግንዛቤ አጠቃቀም እና አገልግሎቱን እንዳይጠቀሙ እንቅፋት/እክል ጉዳዮችን በተመለከተ በፍቃድኝነት ላይ የተመሰረተ መጠይቅ

የመጠይቁ መለያ ቁጥር -----

መግቢያ

ስሜ \_\_\_\_\_ ይባላል በአዲስ አበባ ዩኒቨርሲቲ ህክምና ፋካሊቲ በሚገኘው የህብረተሰብ ጤና ክፍል በድህረ ምረቃ ተማሪ እየተካሄደ ላለው ጥናታዊ መረጃ ዳሰሳ መረጃ ሰብሳቢ ነኝ ሴቶች ተማሪዎችን ቤተሰብ እቅድ አጠቃቀም ግንዛቤ እና ለመጠቀም እክል የሆኑ ተግባራትን በተመለከተ ጥናት እያደረግን ሲሆን አላማው ትክክለኛ የሆነ የቤተሰብ እቅድ እና የወሊድ መቆጣጠሪያ ዘዴዎችን እውቀት ለመጠናከር የሚያስችሉ ስልቶችን/አሰራሮችን ለመቀየስ የሚጠቅም መረጃ ለማግኘት ነው።ይህንን አላማ ለማሳካት ለተዘጋጁት ጥያቄዎች የሚሰጡን እውነተኛና በጣም ጠቃሚ ስለሆኑት መልስ በቅድሚያ ልናመሰግናት እንወዳለን። የበለጠ መረጃ ከፈለጉ በዚህ አድራሻ ይጠይቁ

ስለሞን ጠጅነህ

አድራሻ- አዲስ አበባ ዩኒቨርሲቲ ህክምና ፋካሊቲ የህብረተሰብ ጤና ክፍል

የ ስልክ ቁጥር - 09 11 81 67 81

ሚስጥርን የመጠበቅና የፍቃድኝነት መግለጫ

በቅድሚያ አንዳንድ ሰዎች ለመመለስ ሊያስቸግራቸው የሚችሉ የግል የሆኑ ጥያቄዎችን መጠይቁ ማካተቱን እና የምንጠይቁት መሆኑን እንግልግለን ሆኖም የሚሰጡን ማናቸውም ዓይነት መልሶች በሚስጥር እንደሚያዙና ስምዎን ወይንም የእርሶን ማንነት የሚገልጽ ማናቸውም ዓይነት ነገር እንደማይገፍ በጣም እንዲረዱልን እንፈልጋለን ስለዚህ ስምዎን ከሰጡን መልሶች ጋር ፈጽሞ እንደማይያያዝ እና ለማንም ሰው ስም ፈፅሞ ሊገለፅም ሆነ ሊታወቅ አይችልም።በመጠይቁ ወቅት መመለስ የማይፈልጉትን ማንኛውም አይነት ጥያቄ መተው ወይንም በማንኛውም ሰአት ማቋረጥ ይችላሉ ነገር ግን ለጥያቄዎቹ የሚሰጡን የእርሶ መልሶች ወጣቶች በዚህ ወቅት ያላቸውን የወሊድ መቆጣጠሪያ ግንዛቤ አጠቃቀም እና ለመጠቀም እክል የሆኑ ምክንያቶችን በተመለከተ ያላቸውን አመለካከት እና ልምዶች ይበልጥ ለመረዳት እንድንችል ይጠቅመናል።ስለሆነም በቅድሚያ ለሚያደርጉልን ትብብር ምስጋናችን ከልብ የመነጨ ነው።

መጠየቁ ከ20 እስከ 30 ደቂቃ ሊወስድ ይችላል በዚህ ጥናት ላይ መሳተፍ ይችላሉን

→ መልሱ አዎን ከሆነ ወደ ሚቀጥለው አለፊ

→ አልችልም ከሆነ መጠይቁን ያቋረጡ

የተጀመረበት ሰአት \_\_\_ ደቂቃ \_\_\_ መጠይቁ የተካሄደበት ቀን \_\_\_\_\_ ወር \_\_\_ ዓ.ም-----

ክፍል 1 የግለሰቧ ማህበራዊና ኢኮኖሚያዊ ሁኔታ የመረጡትን መልስ ያክብቡ

ተ.ቁ	ጥያቄዎች የመረጣቸውን መልስ አክብቢ	መልስ ና ኮድ	እልፍ ወደ
1	እድሜሽ ስንት ነው	-----አመት	
2	የምትማሪው የትምህርት ዘርፍ	የተፈጥሮሳይንስ ----- 1 የ ህብረተሰብ ሳይንስ----- 2	
3	የክፍል ደረጃ	11 ኛ ----- 1 12 ኛ ----- 2	
4	በአሁኑ ሰአት የትዳር ሁኔታዎ እንዴት ነው	ያላገባች----- 1 ያገባች ----- 2 አግብታ የፈታች----- 3 በሞት የተለየ ----- 4	
5	ሐይማኖትሽ ምንድነው	አርቶዶክስ----- 1 ሙስሊም----- 2 ፕሮቴስታንት ----- 3 ካቶሊክ----- 4 ሌላ /የገለጸ-----98	
6	የየትኛው ብሔረሰብ አባል ነሽ	አሮሞ----- 1 አማራ----- 2 ጉራጌ----- 3 ትግሬ----- 4 ሌላ ካለ/ይገለጸ-----98	
7	የተወለድሽበት ቦታ የት ነው	ከተማ----- 1 ገጠር----- 2	
8	ከማን ጋር ነው የምትኖሪው	ከቤተሰቦቼ ጋር ( እናተ;አባት; ከሌሎች ም ጋር)----- 1 ቤት ተከራይቼ ከጉደኞቼ ጋር----- 2 ለብቻዬ ቤት ተከራይቼ----- 3 ከወንድ ጉደኛዬ ጋር----- 4 ከባለቤቴ ጋር----- 5	

		ሌላ ካለ ይገለጽ----- 98	
9	የአባትሽ የትምህርት ደለጃ ምንድነው	ምንም ያልተማረ----- 1 ማንበብና መጻፍ----- 2 አንደኛ ደረጃ ያጠናቀቀ----- 3 ህለተኛ ደለጃ ያጠናቀቀ----- 4  12ኛ ያጠናቀቀ እና የሁለት አመት ስልጠና----- -----5 የመጀመሪያ ዲግሪ እና ከዚያ በላይ----- 6 ምንም አላውቅም-----99	
10	የ እናትሽ የትምህርት ደለጃ ምንድነው	ምንም ያልተማረች----- 1 ማንበብና መጻፍ----- 2 አንደኛ ደረጃ ያጠናቀቀች ----- 3  ህለተኛ ደለጃ ያጠናቀቀች ----- 4  12ኛ ያጠናቀቀች እና የሁለት አመት ስልጠና--- -----5  የመጀመሪያ ዲግሪ እና ከዚያ በላይ----- 6 ምንም አላውቅም-----99	
11	የወላጆችሽ ስራ ምን አይነት ነው	አርሶ አደሮች ናቸው----- 1  የመንግስት ስራተኞች ናቸው----- 2 ሁለቱም ነጋዴዎች ናቸው----- 3 ሌላ ከሆነ-----98 አባቴ----- እናቴ-----	
12	የወላጆችሽን ወርሀዊ ገቢ መገመት ትችያለሽ	የገቢውን መጠን በቁጥር ይጻፍ-----98	
13	የኪስ ገንዘብ ይሰጥሻል	አዎ----- 1 አይደለም----- 2	አይደለም ከሆነ ወደ ጥ 15 አለፈ
14	የ13ኛው ትያቁ መልስ አዎ ከሆነ	የሚሰጥሽ ብር ምን ያህል እንደሆነ በቁጥር ይጻፍ-----98	
<b>ክፍል ሁለት</b>			
<b>የቤተሰብ እቅድ እና የወሊድ መቆጣጠሪያ ዘዴዎችን በተመለከተ ያሎት ግንዛቤ (አውቀት)</b>			
15	የቤተሰብ እቅድ አገልግሎት ወይም የወሊድ መቆጣጠሪያ ዘዴዎችን ያውቃሉ	አዎን ----- 1 የለም----- 2	
16	የወሊድ መቆጣጠሪያ ዘዴዎች ወሊድን ለመቆጣጠር እና የልጆችን የወሊድ ጊዜ ለማራራቅ እንደሚያገለግሉ ያውቃሉ	አዎን----- 1 የለም----- 2  ምንም አላውቅም----- 99	
17	የ16ኛው ተቁ መልስ አዎን ከሆነ በየትኛው የትምህርት ደረጃዎ ነው ያወቁት	አንደኛ ደረጃ ----- 1 ሁለተኛ ደረጃ----- 2	

18	<p>የወሊድ መቆጣጠሪያን ዘዴ እንዲያውቁ የረዳዎት</p> <p>የመረጃ ምንጮች ምንድናቸው (ከአንድ በላይ መምረጥ ይችላሉ)</p>	<p>የጤና ድርጅት/የጤና ባለሙያ----- 1</p> <p>የህዝብ መረጃ ተቋማት፣ ሬድዮ፣ ቴሌቪዥን፣ ጋዜጣ -2</p> <p>ኢንተርኔት----- 3</p> <p>ቤተሰብ----- 4</p> <p>ጓደኛ/ጎረቤት----- 5</p> <p>በክፍል ውስጥ/ በትምህርት ቤት----- 6</p> <p>ሌላ ከሆነ ይገለጽ ----- 98</p>	
19	<p>በትምህርት ቤት ቆይታዎት በክፍል ውስጥ በመደበኛነት ስለወሊድ መቆጣጠሪያ ዘዴዎች ተምረሽ ታውቁዎታለሽ</p>	<p>አዎ----- 1</p> <p>የለም----- 2</p>	
20	<p>የ 19 ኛው ጥያቄ መልስ አዎ ከሆነ በየትኛው ደረጃ ነው ተምረሽ የምታውቁው</p>	<p>በአንደኛ ደረጃ-----1</p> <p>በሁለተኛ ደረጃ----- 2</p>	
21	<p>የቤተሰብ አቅድ/የወሊድ መቆጣጠሪያ ዘዴዎች ትምህርት በትምህርት ቤት እንዲሰጥ ትፈልገዎታለሽ</p>	<p>አዎ----- 1</p> <p>የለም----- 2</p>	
22	<p>የ21ኛው ጥያቄ መልስ አዎ ከሆነ በየትኛው የትምህርት ደረጃ ቢሰጥ ጥሩ ነው ትያለሽ</p>	<p>በአንደኛ ደረጃ----- 1</p> <p>በሁለተኛ ደረጃ----- 2</p>	
23	<p>የትኛውን ዘመናዊ የወሊድ መቆጣጠሪያ ዘዴዎችን ታውቁዎታለሽ ( ከአንድ በላይ መምረጥ ትችላለሽ )</p>	<p>በክነን መልክ በአፍ የሚዋጥ----- 1</p> <p>በመርፌ የሚሰጥ----- 2</p> <p>በማህፀን ውስጥ የሚቀመጥ (IUCD)--- 3</p> <p>በክንድ ውስጥ የሚቀመጥ----- 4</p> <p>ኮንደም----- 5</p> <p>ድንገተኛ የወሊድ መቆጣጠሪያ----- 6</p> <p>የቤት የዘር ፍሬ መተላለፊያ ቧንቧ ቆርጦ መቋጠር----- 7</p> <p>የተፈጥሮ ወ ሊድ መከላከያ----- 8</p> <p>ምንም አይነት አላውቅም ----- 9</p> <p>ሌላ ካለ ይገለጽ -----98</p>	

24	የትኛው አይነት የወሊድ መቆጣጠሪያ ዘዴ የአባለዘር በሽታን እና ኤቻይቪ ኤድስን እንዳይተላለፍ ይከላከላል	በአፍ የሚሞጥ ኪኒን----- 1 በመርፌ መልክ የሚሰጥ----- 2 በማህፀን ውስጥ የሚቀመጥ (IUCD)----- 3 በክንድ ውስጥ የሚቀበር ----- 4 ኮንደም----- 5 ድንገተኛ የወሊድ መከላከያ----- 6 የሴት የዘር ፍሬ መተላለፊያ ቧንቧ ቆርጦ መቋጠር ----- 7 የተፈጥሮ ወሊድ መከላከያ----- 8 ምንም አይነት አላውቅም----- 9 ሌላካለ ይገለጽ -----98	
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**ክፍል (3) ስለቤተሰብ እቅድ አገልግሎት ያሉት አመለካከት**

ተ.ቁ	ጥያቄዎች	መልስና ኮድ	አለፍ ወደ
25	አንድ ሰው የቤተሰብ እቅድ አገልግሎት/የወሊድ መቆጣጠሪያ ዘዴ በመጠቀም የሚያገኘው ጥቅም ምንድነው	የወሊድን መጠን ለመቆጣጠር----- 1 ያልታቀደ እና ያልተፈለገ እርግዝናን ለመላከል--2 አባለዘር በሽታን ለመከላከል-----3 የግብረ ስጋ ፍላጎትን ይጨምራል ----- 4 ምንም አይነት ተያያዥ ጥሩ ጎን የለውም----- 5 ምንም አላውቅም----- 99	

26	<b>ስለ ቤተሰብ እቅድ አገልግሎት/የወሊድ መቆጣጠሪያ ዘዴ/ጥቅምን በተመለከተ ያሎትን አመለካከት ከተዘረዘሩት መጠይቆች ከአምስቱ አንዱ ወስጥ ራይት(✓) ምልክት በማድረግ ይምረጡ</b>					
	የቤተሰብ ምጣኔን መጠቀም	በጣም እስማማለሁ 5	እስማማለሁ 4	የተለየ 3	አልስማማም 2	በጣም አልስማማም 1
	ደስተኛ ቤተሰብ እንዲኖር ያደርጋል					
	ባልና ሚስቶች ራሳቸውን እንዲከባከቡ ያደርጋል					
	ጥሩ ፍቅር እንዲኖራቸው ያደርጋል					
	እርስ በርስ ቅርብታቸው እንዲጨምር ያደርጋል					
	መጠነኛ የልጆች ቁጥር ካላቸው ውበታቸው ለረጅም ጊዜ ይቆያል					
	የኑሮ ደረጃን እንዲጨምር ይረዳል					
	እናቶች ከወሊድ በኋላ ቶሎ እንዲያገግሙ ያደርጋል					
	የልጆች ጤንነት እንዲጠበቅ ያደርጋል					
	የእናት ጤንነት እንዲጠበቅ ያደርጋል					
ተ.ቁ	ጥያቄዎች	መልስ እና ኮድ				አለፍ ወደ
27	ስለ ቤተሰብ እቅድ አገልግሎት ያስከትላሉ ብለሽ የምታስቢው ጉዳዮች በያንቺ አመለካከት ምንድነው ናቸው( ከአንድ በላይ መምረት ይቻላል)	ካንሰር ሊያስከትል ይችላል----- 1 በትዳር መካከል መተማመን እንዳይኖር ያደርጋል----2 ከትዳር ውጪ ለመባለግ መንገድ ይከፍታል----- 3 የወሲብ እርካታን ይቀንሳል ----- 4 ምንም አይነት ጎጂ ጎን የለውም----- 5				
ክፍል አራት(4) ስለ ወሊድ መቆጣጠሪያ/የቤተሰብ እቅድ አገልግሎት የአጠቃቀም እና አገልግሎት ሰጪ ተቋማትን በተመለከተ ያሎትን ልምድ የመልሶን ቁጥር ያክብቡ						
28	የግብረሰጋ ግንኙነት አድርገሽ ታወቂያለሽ	አዎ----- 1 አይደለም----- 2				
29	የ28 ኛው ጥያቄ መለስ አዎን ከሆነ በስንት አመትሽ ነዉ	በቁጥር ይጻፍ ----- 98				
30	የ 28ኛው ጥያቄ መለስ አዎን ከሆነ የ ግብረሰጋ ግንኙነት እንድትፈጽሟ ያስገደደሽ ማነዉ	የ ትምህርት ቤት ጓደኛሽ----- 1 መምህርሽ----- 2 ቤተሰብ ውስጥ የቅርብ ዘመድ----- 3				

		የማይታወቅ ሰው----- 4 በራስሽ ፍላጎት----- 5 ሌላ ካለ ይገለጽ----- 98	
31	አንቺ ወይም የፍቅር ጓደኛሽ በአሁን ሰአት የወሊድ መቆጣጠሪያ ትጠቀማላችሁ	አዎ ----- 1 የለም----- 2	
32	የተቆ 31 መለስ አዎን ከሆነ በአሁኑ ሰአት ምን አይነት የወሊድ መቆጣጠሪያ ዘዴ እርሶ ወይም የፍቅር ጓደኛዎ በመጠቀም ላይ ይገኛሉ	በአፍ የሚዋጥ ከኒን----- 1 በመርፌ መልክ የሚሰጥ----- 2 በማህፀን ውስጥ የሚቀመጥ----- 3 በከንድ ውስጥ የሚቀበር----- 4 ኮንደም----- 5 ድንገተኛ የወሊድ መከላከያ-----6 የሴት የዘር ፍሬ መተላለፊያ ቧንቧ ቆርጦ መቋጠር----- 7 የተፈጥሮ ወሊድ መከላከያ----- 8 ምንም አይነት አላውቅም----- 9 ሌላ ካለ ይገለጽ ----- 98	
33	የ31 ኛ ጥያቄ መልስ አይደለም ከዚህ በፊት በማንኛውም ጊዜ ተጠቅመው የሚያውቁት የወሊድ መቆጣጠሪያ ዘዴ አለን  መልስ አዎ ከሆነ ምን አይነት ዘዴ ተጠቅመው ያውቃሉ	በአፍ የሚዋጥ ከኒን----- 1 በመርፌ መልክ የሚሰጥ----- 2 በማህፀን ውስጥ የሚቀመጥ----- 3 በከንድ ውስጥ የሚቀበር----- 4 ኮንደም----- 5 ድንገተኛ የወሊድ መከላከያ----- 6 የሴት የዘር ፍሬ መተላለፊያ ቧንቧ ቆርጦ መቋጠር----- 7 የተፈጥሮ ወሊድ መከላከያ ----- 8 ምንም አይነት አላውቅም----- 9 ሌላ ካለ ይገለጽ ----- 98	

34	ባለፉት ጊዜያት በተጓደኝ ጉዳት( side effect) አማካኝነት የወሊድ መቆጣጠሪያ ዘዴን መጠቀም አቋርጠዋል	አዎ----- 1 የለም----- 2	
35	የወሊድ መቆጣጠሪያ ለምን የጠቀማሉ አሁን የሚጠቀሙ ከሆነ	እርግዝናን ለመከላከል ----- 1 የአባልዘር በሽታን ለመከላከል ----- 2 የማህፀን ህመምን ለማከም----- 3	
36	በአሁን ሰአት ለምን የወሊድ መቆጣጠሪያ ዘዴ አትጠቀሚም (ምንም አይነት ዘዴ የማትጠቀሚ ከሆነ)	የግብረ ስጋ ግንኙነት ስለማላደርግ----- 1 ለማርገዝ ስለምፈልግ----- 2 እርግዝናን በሌላ ዘዴ ስለምከላከል----- 3 የማረጋገጥ ስለማይመስለኝ----- 4 ተጓዳኝ ጉዳት(side effect) ስለምፈራ ---5 ሌላ ምክንያት ካለ ይገለጽ -----98	
37	የወሊድ መቆጣጠሪያ ዘዴዎችን የሚሰጡ የአገልግሎት ተቋማትን በቀላሉ ያገኛሉ	አዎ----- 1 የለም----- 2	
38	አገልግሎቱ ምንጣዜም አለ	አዎ----- 1 የለም----- 2 አላውቅም----- 99	
39	በሚሰጠው አገልግሎት ደስተኛ ነሽ(ረከተሽል)	በጣም ረከቻለሁ----- 1 በመጠኑ ረከቻለሁ -----2 ምንም አረካሁም-----3 አላውቅም----- 99	
40	ለወደፊት የወሊድ መቆጣጠሪያ ለመጠቀም አስበኝል	አዎ----- 1 የለም----- 2	

**ክፍል 5 የወሊድ መከላከያ (የቤተሰብ እቅድ አገልግሎትን) ለመጠቀም እክል (እንቅፋት) የሆኑ ምክንያቶችን በተመለከተ**

ተ.ቁ	ጥያቄዎች	መልስና ኮድ	እለፍ ወደ
41	በአካባቢሽ (በመኖሪያ ቤትሽ) በቅርበት የሚገኝ የወሊድ መቆጣጠሪያ ዘዴ አገልግሎት ሰጪ ጣቢያ (ተቋም) አለ ወይ	አዎ ----- 1 የለም ----- 2	
42	የሚቀርብሽ ጣቢያ ከቤትሽ ምን ያህል	አምስት መቶ ሚትር ያህል ----- 1	

	ደርቃል	አንድ ኪሎ ሚትር ያህል ----- 2 የሁለት ኪሎ ሚትር ያህል ----- 3 ከመኖርያ ክልል ወጪ ----- 4 አላውቅም ----- 99	
43	በአካባቢ ስፔላት የወሊድ መቆጣጠሪያ አገልግሎት ሰጪ ጣቢያዎች ምን ዓይነት ናቸው	የመንግስት ጤና ጣቢያ ----- 1 የግል ጤና ድርጅት ----- 2 የመንግስት ሆስፒታል ----- 3 ግብረ ሰናይ ድርጅቶች (NGO) እንደ ቤተሰብ መምሪያ የመሳሰሉት ----- 4 የወጣቶች መክከል ----- 5	
44	በትምህርት ቤት ልማት የወሊድ መቆጣጠሪያ (የቤተሰብ እቅድ አገልግሎት) መስጫ ጣቢያ መኖሩን እና አለመኖሩን ታውቂያለሽ	አዎ ----- 1 የለም ----- 2	
45	ከዚህ በፊት አገልግሎት የሚሰጡ ጣቢያዎች የሚሰጡትን አገልግሎት ላለመጠቀም የወሰንሽበት ጊዜ አለ	አዎ ----- 1 የለም ----- 2 ተግባራዊ አድርጎ አላውቅም ----- 3	
46	የ45ኛው ጥያቄ አዎ ከሆነ ምን ዓይነት ችግር ነበር እንዳትጠቀሚ ያደረገሽ	እንዳትጠቀሚ ያደረገሽ ምክንያቱ በዝርዝር ይገለፁ ----- -----	
47	የወሊድ መቆጣጠሪያ አገልግሎት ሰጪ ጣቢያ በስራ ሰዓት ሄደሽ አገልግሎቱን ሳታገኝ የሚሰጠውን አገልግሎት በመጥላት ያለምንም ምክንያት የተመለሽበት ጊዜ አለ	አዎ ----- 1 የለም ----- 2	
48	<b>የ47ኛው ጥያቄ አዎ ከሆነ መልሱሽ</b>	ምክንያቱ ይገለፁ -----98	
49	የአገልግሎት ሰጪ ጣቢያዎቹ የስራ ሰዓት ላንቺ አመቺ ነው	አዎ ----- 1 የለም ----- 2 አላውቅም ----- 3 ተግባራዊ አድርጎ አላውቅም ----- 4	
50	የ49ኛው ጥያቄ መልስ አይደለም ከሆነ የትኛው የስራ ሰዓት ይስማማሻል	ጠዋት ----- 1 ከምሳ ሰዓት በኋላ ----- 2 ማታ ማታ ----- 3	

		ቅዳሜና እሁድ----- 4 የአመት በአል ቀን----- 5 ሌላ ካለ ይገለጽ -----98	
51	የምትከተይው እምነት የወሊድ መቆጣጠሪያን እንዳትጠቀሙ ይከለክላል	አዎ----- 1 የለም----- 2 አላውቅም----- 99	
52	ከፍቅር ጓደኛሽ ጋር በማንኛው ሰአት ስለወሊድ መቆጣጠሪያ(የቤተሰብ ምጣኔ) አጠቃቀም ላይ ትነጋገራላችሁ(ትወያያላችሁ	አዎ----- 1 የለም----- 2 ተግባራዊ አድርጌ አላውቅም----- 3	
53	የፍቅር ጓደኛሽ የወሊድ መከላከያ በመጠቀምሽ ይስማማል	አዎ----- 1 የለም----- 2 ተግባራዊ አድርጌ አላውቅም----- 3	
54	ቤተሰቦችሽ የወሊድ መከላከያ መጠቀምሽን ይደግፋሉ	አዎ ----- 1 የለም----- 2 ተግባራዊ አድርጌ አላውቅም----- 3	
55	የወሊድ መከላከያ ለመጠቀም የገንዘብ ማጣት ምክንያት/እክል/ ሆኖብሽ ያውቃል	አዎ ----- 1 የለም ----- 2 ተግባራዊ አድርጌ አላውቅም ----- 3	
56	የወሊድ መከላከያ ዘዴዎችን ለመጠቀም የምታውጭውን የገንዘብ ወጪ እንዴት ታይዋለሽ	በጣም ውድ ነው----- 1 በመጠኑ ውድ ነው----- 2 ርካሽነዉ ----- 3 ተመጣጣኝ ነው----- 4 ምንም ክፍያ የለዉም (ነጻማግኘት ይቻላል) ---- 5 አላውቅም----- 99	

**Annex VI. Amharic Indepth Interview Check List and Guiding Question**

**በጥልቀት ለ ሚደረገው ቃለመጠይቅ መመሪያ**

ቃለ መጠይቁን የሚያካሂደው ሰው ስም-----

ማስታወሻ የሚይዘው ሰው ስም የተለየ ከሆነ-----

1. የተጠያቂው መለያ ቁጥር-----

2. ቃለ መጠይቁን የሰጠው ሰው የስራ ድርሻ-----

3. ቃለ መጠይቁን የሰጠው ሰው የሚሰራበት መስሪያቤት ስም-----

4. ቃለ መጠይቁ የተካሄደበት ቦታ-----

5. ቃለ መጠይቁ የተካሄደበት ቀን----- ሰዓት-----

6. ቃለ መጠይቁ ሲካሄድ መቅረጻ ድምጽ ተጠቅመዋል ወይም አልተጠቀሙም ከተጠቀሙ ፍቃደኝነት ይጠይቁ

**መግቢያ**

በዛሬው እለት ካንተጋር/ ካንቺ ጋር የትምህርትቤት አፍላ ወጣት ሴቶችን በተመለከተ ወይይት ላደርግ ፈልገክለሁ አንተ/ አንቺ ከጉዳዩ ጋር ቁልፍ መረጃ ሰጭ ስለሆንክ/ ስለሆንሽ የምትሰጠን /የምትሰጩን ሀሳብ እና ልምድ ለወደፊት በቤተሰብ እቅድ አገልግሎት እና በስነ ተዋልዶ ዙሪያ በወጣቶች ላይ ለመስራት ለሚታቀዱ ስራዎች ወጣቶችን ካልተፈለገ እርግዝና እና ከሚያስከትለው ጉዳት ለመከላከል እንዲሁም የቤተሰብ እቅድ አገልግሎት ለመጠቀም እክል የሆኑ ጉዳዮችን ለማሰገድ ስለሚጠቅሙ በመጀመሪያ መጠይቁን ለማካሄድ ፍቃደኛ ስለሆንክ/ ስለሆንሽ እናመሰግናለን

**ምስጢርን የመጠበቅ እና የፍቃደኝነት መግለጫ**

ስምሽን/ስምህን በማንናቸውም ቦታ አንገልጽም በፈለግሽ/በፈለግከው ጊዜ ቃለ መጠይቁን መተዉ ትችያለሽ/ትችላለህ ሁሉንም ጥያቄ እንድትመልስ/እንድትመልሽ አትገደድም/አትገደጅም

ለመሳተፍ ፍቃደኛ ነሽ/ፍቃደኛ ነህ አዎ  አይደለም

**በጥልቀት ለሚደረገው ቃለመጠይቅ የጥያቄ መመሪያ**

1. እዚህ ትምህርት ቤት ዉስጥ ስለምትሰራው ስራ ትነግሪኛለሽ/ ትነግረኛለህ
2. ወጣቶችን በተመለከተ የስራ ድርሻሽ/ ድርሻህ ምንድነው
3. በዋንኛነት አፍላ ወጣት ሴት ተማሪዎች የቤተሰብ እቅድ አገልግሎት እንዳይጠቀሙ ያደርጋቸዋል የምትለው ችግሮች ምንድናቸው
4. እነዚህን ችግሮች ለማቃለል በመስሪያቤትህ በኩል እንደ መፍቴ የተወሰዱ እርምጃዎች ምንምን ናቸው
5. ሌላ ምንምን ነገሮች በችግሩ ዙሪያ እንዲሰሩ ትፈልጋለሽ/ ትፈልጋለህ
6. ሌላ የተረሱ ጉዳዮች ካሉ በጥልቅ ቢገልጹ

**ዝርዝር የጥልቅ ቃለመጠይቅ ጥያቄዎች**

1. የቤተሰብ እቅድ አገልግሎት እና መረጃ አፍላ ወጣት ሴቶች ተማሪዎች እንዳይጠቀሙ እክል ይሆናሉ ብለህ የምትቆጥራቸው ችግሮች ምንምን ምንምን ናቸው እንደ ራስህ/ እንደራሰሽ አመለካከት ግለጽ/ ግለጹ-----

2. ግላዊ ወይም ህይወጥኛታዊ ጉዳዮች እክል ይሆናሉ ብለህ የምትቆጥራቸው/የምትቆጥራቸው ከሆነ በጥልቀት አብራራ/ አብራራ -----

3. በምን ያህል ጊዜ ውስጥ ስለ ቤተሰብ እቅድ አገልግሎት ከተማሪዎች ጋር ወይይት ያደርጋሉ -----

4. በትምህርት ቤት ውስጥ ወጣት አፍላ ሴቶች የቤተሰብ እቅድ አገልግሎት ለማግኘት ቢፈልጉ ምን ምን እርዳታዎች ያደርጉላቸዋል -----

5. ትምህርት ቤቱ የቤተሰብ እቅድ አገልግሎት ለተማሪዎች ይሰጣል መልሶ አዎ ከሆነ በየትኛው ሰዓት ነው አገልግሎቱ የሚሰጠው -----

6. በትምህርት ቤት ውስጥ ትምህርት ቤቱ የበለጠ በስነ ተዋልዶ እና በቤተሰብ እቅድ አገልግሎት አገልግሎት ዙሪያ ተማሪዎችን አሳታፊ በሆነ መልኩ ለመስራት ምንምን ጉዳዮች በመስራት ላይ ይገኛሉ -----

**ማጠቃለያ**

ቃለመጠይቃችንን እዚህ ላይ እናጠቃልላለን ስለሰጠክን/ ስለሰጠሽን ሀሳብና አስተያየት በጣም እናመሰግናለን በመጨረሻም ልትጨምርበት/ ልትጨምረበት የምታስቢው/የምታስበው የቀረ ሀሳብ ካለ ቢገለጹ -----

ቃለመጠይቃችንን እንዴት አየከው/ አየሽው አስተያየት ካሎት-----

## Annex: VII Oromefa Questionnaire

### **Yuunivarsiitii Addis Abbabaa Faaakkaalittii waldhaansaatti Dipaartimeentii Fayyaa hawaasaa**

Birqaba Gaafilee

Yuunivarsiitii Addis Abbabaa Faaakkaalittii waldhaansaatti dipaartimeentii fayyaa haawaasaa gaafilee shamareen umriin 15-24 kan ta'an barattota mana barumsaa qophaa'inna Asallaa keesa kan gutamu Tajaajila fayyaa shamarreenii foyyessuf, rakkoolee fayyaa dhimma Karoora maatii fi haala dawaalee dhimma kanaaf oolan gadifageenyaan qoratanii hubachuun barbaachisaa dha. Kanaafu, qorannoon sadarkaa beekumsa ilaalchaafi, itti fayadama dawaa qusannoo maatii gargaaru fi dhimmoota keeniinsa tajaajila kana akka hinfayyadamne kan dhoorkan (gufachiisan) malaan qorachuuf qorannoon kuni qophaa'eera. Isinis qorannoo kanaaf carraadhaan filatamtanii jirtu.

Gaafileen qorannoo kanaa dhimmoolee dhunfaa(iccitii) kan ilaalan waan ta'anif deebin isin keenitan hundi iccitiin kan qabamuufi qaama biraatiif dabarfamee akka hin keennamnee yoo mirkaneessu, deebii keenitan irrati maqaa keesan barreessuun hin barbaachisu.

Qorannoo kana keesati hirmaachuun fedhii irratti kan hundaa'ee ta'a. Hirmaachu fi dhiisuuf mirgi keessan kan kabajamee dha. Haata'u malee galmaan ga'umsa kaayoo qoranichaatii fi fooya'insa tajaajila fayyaa shamarreeniitiif jecha hirmaanaan keesan murteesaa waan ta'eef akka gaafileedhaaf deebi keenudhaan hirmaattan kabajaan gafatamtan.

Kanaaf qorannoo kana keessatti hirmaachuf fedhi keessanii?

Deebi kee mallattoo “√” galchudhaan mirkaneesi.

Eeyyee  Miti

Maqaa fi Malatto ragaa Sasaabu \_\_\_\_\_ malattoo \_\_\_\_\_

Galatoomaa!

Maqaa fi tessoo qoorataa

Salamoon Xajjinaah

Yuunivarsiitii Addis Abbabaa Faaakkaalittii waldhaansaatti dipaartimeentii fayyaa haawaasaa

Lakkofsaa Bilbilaa 0911816781

Email: [stejineh@yahoo.com](mailto:stejineh@yahoo.com)

Gaafiilee

Lakk	Gaafiilee	Deebii ta'u malan fi Kodi	Ce'ee	koodii
	Kutaa- 1faa Haala-maalummaa dhuunfaa ilaalu (socio-demography)			
1	Umriin kee meeqa?	Waggaa-----_(Lakkofsaan Barresi)		
2	Gostti Baruumisa	Sayyinsii Hawassa----- 1 Sayyinsii umamaa-----2		
3	Sadarkaa barnootaa	Kutaa 11----- 1 Kutaa 12----- 2		
4	Haali fuudhaa fi hFeerumaa kee maal fakaata?	Heerumeeraa----- 1 heerumnee----- 2 Hiikeeraa -----3 Najalaa du'eera -----4  Kan biraa yoo ta'ee ibsi----- ----98		
5	Amantiin kee maali?	Ortodoxsii ----- 1 Islaama ----- 2 Protestaantii ----- 3 Kaatolikii ----- 4 Kan biraa yoo ta'ee ibsi ----- -----98		
6	Qomoon(sabni) kee maalii?	Oromoo ----- 1 Amaaraa ----- 2 Guraage ----- 3 Tigirree ----- 4 Kan biraa yoo ta'ee ibsi----- -----98		
7	Edoon itti dhlatee	Maggalaa----- 1 Badiyyaa----- 2		
8	Edoon jireenyaa kee eessaa?	Warraa wajjiniin ( Abaa, Hadhaafi kanbira )----- 1 Manna kirra kessaa iriyyootaa walliin-----2 Manna kirra kessaa koobaa kiyyaa----- 3		

		Iriyyaa dhiraawaliin----- 4 Dhirsaa waliin----- 5 Kan biraa yoo ta'ee ibsi----- -----98		
9	Sadarkkaa baruumsaa abaa kee	Hoomaa kan inbaranee-----1 Duubisuu fi bareesuu----- 2 Sadarkaa tookoofaa kan xumuree-----3 Sadarkaa lammaafaa kan xumuree----- 4 12fii leenjii oggaa lammaa---- 5 Digrii durssaa fi issaa olii-----6 Kan biraa yoo ta'ee ibsi-----98		
10	Sadarkkaa baruumsaa Hadha kee	Hoomaa kan inbaranee-----1 Duubisuu fi bareesuu----- 2 Sadarkaa tookoofaa kan xumuree-----3 Sadarkaa lammaafaa kan xumuree----- 4 12fii leenjii oggaa lammaa---- 5 Digrii durssaa fi issaa olii-----6 Kan biraa yoo ta'ee ibsi-----98		
11	Hojjiin werraa kee maal	Lahcuu qootee bulla----- 1 Lahcuu hoojatoota mootumaa--- ----- 2 Lahcuu daldaloota----- 3 Kan biraa yoo ta'ee ibsi-----98 Abaan----- Hadhaa-----		
12	Galiin ji'a warii kee argataan meqaa	Qarshii lakkoofsaan bareesii----- ----- 98		
13	Qrshii kisii ji'aan qabdaa	Eeyyee ----- 1 Miti ----- 2		
14	Debiin lakkoofsaa—Eeyyee yoota'ee	Hanggaa qarshii lakkoofsaan bareessii-----		
<b>Kutaa 2 faa Beekumsa fii haala itti fayyadama karoora maatii irratti</b>				
15	Waa'ee karoora maatii dhagesee beektaa	Eeyyee ----- 1 Hin beeku ----- 2		
16	Karoorii maati bayyina ijoollee akka to'atuu fi da'uumsa addaan fegeesuu beekta?	Eeyyee ----- 1 Hinbeeku ----- 2		
17	Gaafiin lakkofsa 7 Eeyyee yoo ta'ee sadarkaa baruumsaa kam irratti beektee	Sadarkaa 1ffaa----- 1 Sadarkaa 2ffaa----- 2		
18	Maddii oddeeffannoo karoora	<i>(deebii tokko oli qabaachu</i>		

	maatii eesa irraa argate?	<i>nidanda'a</i> Baruumsa dhabilee fayyaa( ogeessa fayyaa irraa) ----- ----- 1  Oduu televiziyiinii ykn raadiyoo irraa----- 2  Mana barusaa/barsisaa irraa--- 3  Maatii kiyya irraa----- 4  Hiriyoota irraa -----5 Intarneetii irraa----- 6		
19	Mana baruumsaa keessati sagantaa barnootaan wa'ee karoora maatii baratee jirta?	Eeyyee ----- 1 Miti ----- 2		
20	<b>Gafiin lakkofsa 19 Eeyee yoota'ee</b> sadarkka baruumsaa kam irratti baratee?	Sadarkka 1ffaa----- 1 Sadarkka 2ffaa----- 2		
21	Baruumsa karoora maatii mana barnoota keessati akka kenamuu yaada qabdaa?	Eeyyee ----- 1 Miti ----- 2		
22	<b>Gafiin lakkofsa 21 Eeyee yoota'ee</b> sadarkaa baruumsaa kam irratti yaa kenamuu?	Sadarkka 1ffaa----- 1 Sadarkka 2ffaa----- 2		
23	Dawaa/mala karoora maatii hamayyaa gosa kam beektaa?	<i>(deebii tokko oli qabaachu nidanda'a)</i> . Dawaa karoora maatii kan liqimsamu----- 1  Dawaa karoora maatii lilmoon waraanamu ----- 2  Dawaa gadameessa kessatti Kaawamun----- 3  Dawaa ciqilee kessa awaalamun----- 4  Kondomitti fayadamu----- 5  karoora maatii yeroo ariiti (Emergency contraceptive)-----6  Da'umsa hanga dhumaati dhiisu/ujjumoo hidhu----- 7  Karoora maati umamaa----- 8  Kan bira yoo ta'ee ibsi-----		

24	Karoora maatii kessa dhibee walqunamtti salaa fi HIV ittisu kami?	<p>-----98</p> <p>. Dawaa karoora maatii kan liqimsamu----- 1</p> <p>Dawaa karoora maatii lilmoon waraanamu ----- 2</p> <p>Dawaa gadameessa kessatti Kaawamun----- 3</p> <p>Dawaa ciqilee kessa awaalamun----- 4</p> <p>Kondomitti fayadamu----- 5</p> <p>karoora maatii yeroo ariiti (Emergency contraceptive)-----6</p> <p>Da'umsa hanga dhumaati dhisu/ujjumoo hidhu----- 7</p> <p>Karoora maati umaa----- 8</p> <p>Kan bira yoo ta'ee ibsi----- 98</p>		
Kutta 3faa Ilaalcha karoora maatii ilalchisee				
25	Karoora maatii fayyadamuudhaan bu'aan argamuu maal inni?	<p><i>(deebii tokko oli qabaachu nidanda'a)</i></p> <p>Lakkoofsa dauumsaa ittisa---1</p> <p>Ulfa Karoora malee ittisa--- 2</p> <p>Dhibee walqunnamtii saalaa ittisa----- 3</p> <p>Walqunamtti saalaa jjabessaa----- 4</p> <p>Buu'aa garii hinqabuu----- 5</p>		

26	<b>Bu'aan karoora maatii qabu hundaa filanoo shaan keessa tokko filachuundhaan ibsi.</b>					
		Bay'ee walii galla 5	walii galla 4	A'addaa kanta'ee 3	waliihin galu 2	Baay'isee walii hin galu 1
	Maatii gammachuu qabuu Uumaa					
	Jalalleewwan akka wal kunuunsan godha					
	Bilisaan jalalaaa akka qabaatan ni tassisa.					
	Walitti Dhufeenya issani ni jabeessa					
	Abbaan warraa akkka hadhaa warraa jalatu taassissa					
	Midhagni yoo maatii murassa qabaatan baay'ee akka turu godha.					
	Jiruu isaanii ni foyyeesa					
	Da'uumsa boodee qamni haadhaa akka jabatu godha					
	Fayyaan ijoolee akka eegamu godha					
	Fayyaa hadhoolee Eega					
Lakk	Gaafiilee	Deebii ta'u malan fi Kodi			Cee'ii garaa	koodi
27	Waa'ee rakkoo karoora maati irtti ilaalchi kee maal fakkaata	Dhibee kansarii fiduu danda'a----- 1 Waal amantii jalaleewwanii ni faleesa-- 2 Sagagaluumma ni balissa ----- 3 Fedhii wal qunammitti saalaa hirissa---4 Hangas hunda rakkoo hinqabuu-----5				
	Kutaa 4 Muxanoo kee itti fayyadamaa karoora maatii fi tajiilaa kennamu irrattii ilaalchisee					
28	Walquunamtii saalaa gotee beektaa?	Eeyyee ----- 1 Miti ----- 2			Mitti yot'ee graa36 cii'ii	

29	<b>Deebiin lakkoofsa 28</b> Eeyyee yoota'ee umrii meqaatii rawatee	Umrii kee lakooftaan bareesii-----		
30	<b>Deebiin lakkoofsa 28</b> Eeyyee yoota'ee Walquunamtii saalaa akkaa rawatuu enyutuu sii dirqisisee	Iriyyaa baratu koo----- 1 t  Barsisaa----- 2 Firraa warraa kiyyaawajiniin jiruu-----3 Nammaa hinbeekmnee----- 4 Fedhii ketiin----- 5 Kan bira yoo ta'ee ibsi----- ----- 98		
31	Yeroo ammaatitti atti yookkiin jaalaleen kee karoora maatii fayadamaa jirtuu?	Eeyyee ----- 1  Miti ----- 2		
32	<b>Gafiin lakkofsa 31 Eeyyee</b> yoo ta'ee dawaa/mala karoora maatii hamayya goossa kam fayyadamaa jiirtaa?	<i>(deebii tokko oli qabaachu nidanda'a)</i> Dawaa karoora maatii kan liqimsamu----- 1 Dawaa karoora maatii lilmoon waraanamu ----- 2  Dawaa gadameessa kessatti Kaawamun----- ---- 3  Dawaa ciqilee kessa awaalamun--- ----- 4  Kondomitti fayadamu----- ----- 5  karoora maatii yeroo ariiti (Emergency contraceptive)----- -----6  Da'umsa hanga dhumaati dhisu/ujjumoo hidhu----- 7  Karoora maati umaa----- 8  Kan bira yoo ta'ee ibsi----- -----98		
33	<b>Gafiin lakkofsa 31 Hinbeeku</b> yoo ta'ee dawaa/mala karoora maatii hamayya kanaan duuraa fayyadamte kan beektuu jiraa? yoo jiratee goossa kamii?	<i>(deebii tokko oli qabaachu nidanda'a)</i> . Dawaa karoora maatii kan liqimsamu----- 1  Dawaa karoora maatii lilmoon waraanamu ----- 2		

		<p>Dawaa gadameessa kessatti Kaawamun----- 3</p> <p>Dawaa ciqilee kessa awaalamun--- ----- 4</p> <p>Kondomitti fayadamu----- 5</p> <p>karoora maatii yeroo ariiti (Emergency contraceptive)----- 6</p> <p>Da'umsa hanga dhumaati dhisu/ujjumoo hidhu----- 7</p> <p>Karoora maati umaa----- 8</p> <p>Kan bira yoo ta'ee ibsi----- -----98</p>		
34	Miidhaa karoorri maatii fidan irraa kan ka'ee itti fayadamuu dhiftee beektaa?	<p>Eeyyee ----- 1</p> <p>Hinbeeku ----- 2</p> <p>Tajaajilamee hinbeekuu 3</p>		
35	Karoora maatii maalif fayyadamtaa ( yoo yeroo amaa faydamaa jirtu ta'ee)	<p>Uulfaa karoora malee ittisufii---1</p> <p>Fedhii qunnamtii salla jabeesuufi--- ----- 2</p> <p>Rakkoo gadameessa kessaa jiruu yaluuf-----3</p>		
36	Maaliif karoora maatii hin fayyadamtuu?( yoo tokoollee kan hinfayydamnee tatee)	<p>Walqunnamti saalaa tassisee hinbekuu----- 1</p> <p>Uulfa'uuf fedhii wan qabuuf----- -----2</p> <p>Malaa biraatiin wan faydamaa jiruuf----- 3</p> <p>Akkaa Uulfa'uu waan nattii hinfekkaaneef-----4</p> <p>Midhaa karoorra maatii fayyadamuun fidu sodachuudhaan-- -----5</p> <p>Kan bira yoo ta'ee ibsi----- -----98</p>		
37	Tajaajila karoora maatii	Eeyyee ----- 1		

	sulphaa dhaan argachuu dandessaa?	Miti ----- 2		
38	Tajaajilli gaafa hunda argamaa?	Eeyyee ----- 1 Miti ----- 2 Hoomaa hinbeekuu----- 99		
39	Tajaajila keenamuun itti gammadee jirtaa?	Bayyee gammadee jirra-----1 Ciinaa dhan gammadee jirra----2 Hoomaa hingamanee-----3 Hoomaa hinbeekuu----- 99		
40	Garaa fuulduraa karoora maatii fayyadachuufi yadaa qabdaa	Eeyyee ----- 1 Hinbeeku ----- 2		
Kuuta 5faa Wantoota karoora maati fi gufuu kan ta'an ilalchisee				
41	Dhaabbata karoora maati manaa keetitti dhiyoo kan ta'ee beektaa?	Eeyyee ----- 1 Hinbeeku ----- 2		
42	<b>Debiin lakkofsa 41</b> eyyee yoota'ee dhabani sun hangam sittii dhiyyatuu?	Metiraa 500----- 1 Kiloometiraa 1----- 2 Kiloometiraa 2----- 3 Nanoo mana jireeyna kiyaa irra bayee fagoo jiraa----- 4 Hooma hinbeeku----- 99		
43	Dhabbanni karoora maatii itti tajaajilamaa jirtu kan akkamiiti?	Buffata fayya mootuma----- 1 Dhabbataa dhunfaa-----2 Hospitaala mootummaa-----3 Dhaabbata miti motummaa ( NGO)----- 4		
44	Dhaabbani karoora maatii mana baruumsa itti barachaa jirtu keessaatti jiruu fi hin jiruu isaa beektaa?	Eeyyee ----- 1 Miti ----- 2		
45	Kanaan dura dhaabbata karoora maatii fayyadamuuf deemtee jibbitee ossoo tajaajilaa hin argatin debitee beektaa?	Eeyyee ----- 1 Hinbeeku ----- 2 Tajaajilamee hinbeekuu----- 3		

		Kan bira yoo ta'ee ibsi----- 98		
46	<b>Gafiin lakkofsa 45 Eeyee yoo ta'ee rakkini isaa maal inni</b>	Sababa isaa ibsi----- -----		
47	Tajaajila karoora maatiif kennamu jibbuudhaan osoo tajaajila hin argatin yeroo hojiitiin guyyaan deebitee jiraa?	Eeyyee ----- 1 Miti-----2 Tajaajilamee hinbeekuu-----3		
48	<b>Gafiin lakkofsa 47 Eeyee yoo ta'ee sabaabni isaa maal inni?</b>	Sabaaba isaa ibsii----- -----		
49	Yeroon dhaabbilee karoora maatii banaa ta'an siif mijawaa dhaa?	Eeyyee ----- 1 Miti-----2  Tajaajilamee hinbeekuu-----3		
50	<b>Gafiin lakkofsa 49 miti yoo ta'ee yeroon siif mijawaa kan ta'ee yeroo kamii?</b>	Ganamaa----- 1 Sa'aa booddee----- 2 Yeroo galgalawuu----- 3 Gaafa boqqonaa----- 4 Guyyaa ayyanaa----- 5		
51	Amantaan kee karoora maatii akka ittin fayyadamne sii dhorkaa?	Eeyyee ----- 1  Miti -----2 Tajaajilamee hinbeekuu-----3		
52	Jaalallee kee waliin wa'ee karoora maatii yeroo kaamiyuu irratti marii gootanii beektuu?	Eeyyee ----- 1 Miti-----2 Tajaajilamee hinbeekuu-----3		
53	Jaalalleen kee karoora maatii fayyadamuu keettiif waliigalaa?	Eeyyee ----- 1 Miti-----2 Tajaajilamee hinbeekuu-----3		
54	Maatiin kee karoora maatii fayyadamuu keettiif degersaa siif godhaa?	Eeyyee ----- 1 Miti-----2 Tajaajilamee hinbeekuu-----3		
55	Qarshii dhabuun karoora maatii akka hin fayyadamne guufuu siitti ta'ee beekaa?	Eeyyee ----- 1 Miti-----2 Tajaajilamee hinbeekuu-----3		
56	Waluumaa galattiti baasii karoora maatiif baftuu akkamitti ilaalta?	Bayyee mi'adha----- 1 Xiqoo mi'adha -----2 Rakasa-----3 Gahaa dhaa-----4 Bilisaan argamuu dand'aa---- 5 hinbeekuu----- 99		

Galatoomaa!

## **ASSURANCE OF PRINCIPAL INVESTIGATOR**

**The undersigned agrees to accept responsibility for the scientific ethical and technical**

**Conduct of the research project and for provision of required progress reports**

**As**

**Per terms and conditions of the Research Publication Office in effect at the time of Grant is forwarded as the result of this application.**

**Name of the student Solomon Tejineh**

**Date \_\_\_\_\_ Signature \_\_\_\_\_.**

### **Approval of the primary Advisor**

**Name of the primary advisor Dr. Demeke Assefa**

**Date \_\_\_\_\_ Signature \_\_\_\_\_**