

**ADDIS ABABA UNIVERSITY**  
**COLLEGE OF HEALTH SCIENCES**  
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**PREVALENCE OF MODERN CONTRACEPTIVES  
DISCONTINUATION AND ASSOCIATED FACTORS AMONG  
MARRIED REPRODUCTIVE AGE GROUP WOMEN IN  
DEBRE BERHAN TOWN, ETHIOPIA.**

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A THESIS SUBMITTED TO ADDIS ABABA UNIVERSITY  
COLLEGE OF HEALTH SCIENCES, SCHOOL OF NURSING AND  
MIDWIFERY, IN PARTIAL FULFILLMENT OF THE  
REQUIREMENTS FOR THE DEGREE OF MASTER OF SCIENCE  
IN MATERNITY AND REPRODUCTIVE HEALTH NURSING

JUNE 2019

ADDIS ABABA, ETHIOPIA

ADDIS ABABA UNIVERSITY  
 COLLEGE OF HEALTH SCIENCES  
 SCHOOL OF NURSING AND MIDWIFERY  
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Full title of the research	Prevalence of modern contraceptives discontinuation and associated factors among married reproductive age group women in Debre Berhan town, Ethiopia.
Duration of study	October –June/2019
Study area	Debre Berhan town
Total cost of the project	37,500.00 ETB

## **ACKNOWLEDGMENT**

First of all, I would like to express my heartfelt thanks to Addis Ababa University, College of Health Science, School of Nursing and Midwifery, for giving me a chance to attend master's program and sponsoring me. I am deeply indebted to my advisor Mr. Leul Derbe for his guidance. I acknowledge the administrators of the Debre Berhan town health office for their cooperation. I also acknowledged college of health science librarians for their internet access. Finally, I would like to extend my thanks to my study participants and supervisor.

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## **LISTS OF ABBREVIATIONS**

AHR-Adjusted Hazard Ratio

AOR -Adjusted Odd Ratio

CI- Confidence Interval

EMWA- Ethiopian midwife association

FP-Family Planning

DHS-Demographic Health Survey

HHs-Households

IUCD -Intra Uterine Device

NGOs -Non-governmental Organizations

MC-Modern Contraceptive

MOH-Minister of Health

USA-United States of America

## ABSTRACT

**Background:** Contraceptive discontinuation is one of a worldwide problem that has a negative consequence on maternal, neonatal and infant health. Twenty- five million out of 74 million unintended pregnancies were resulted from contraceptive discontinuation and it account 33% of unintended birth and 35% of unintended pregnancy. To decrease this problem, identifying factors lead to contraceptive discontinuation is crucial. So the objective of this study is to assess the prevalence of modern contraceptives discontinuation and associated factors among married reproductive aged group women in Debre Berhan town, Ethiopia, 2019.

**Methods:** Community based cross-sectional study was conducted in Debre Berhan town. Study participants were selected by using systematic random sampling and data was collected by using semi-structured face-to-face interview questionnaire. The data was entered in epidata version 4.2 then exported to SPSS version 25 for analysis.

**Result:** The finding of this study showed that the prevalence of modern contraceptive discontinuation among married reproductive age group women who had a history of modern contraceptives use within 5 years at the time of survey was 35.2% with the mean duration of use  $2.6\pm 2.1$  months. Multiple logistic regressions results with p-value of 0.05 and CI of 95% demonstrated that, women who could not read and write (AOR=4.95), had primary educational status (AOR=3.89), had secondary educational status (AOR=2.98), were not live with their husband (AOR=3.81), had experienced side effects while using modern contraceptives (AOR= 2.45), had not gotten counseling (AOR=5.50) , haven't gotten husband acceptance to use (AOR=3.85) were significantly associated with modern contraceptive discontinuation.

**Conclusion and recommendation:** In conclusion modern contraceptive discontinuation was 35.2%. Educational status, were not living with their husband, had experienced side effects, did not get counseling, have not gotten husband support, were predictors for modern contraceptive discontinuation. Counseling and awareness creation among community should be made to decrease modern contraceptives discontinuation rate.

**Key words:** modern contraceptives discontinuation, reproductive age group women, Debre Berhan

# CHAPTER ONE

## INTRODUCTION

### 1.1. Background

Contraceptive discontinuation is a termination of contraceptive use while women are not wanting to get pregnant(1).Contraceptive discontinuation is the major contributor for unplanned pregnancy and unsafe abortion (2). As evidence showed that contraceptive discontinuation accounts one- third of unplanned pregnancy. In additional to this, contraceptive discontinuation can increase infant mortality and morbidity by increasing preterm birth, small for gestational age, and low birth weight which can caused by unplanned pregnancy.

The magnitudes of contraceptives discontinuation were varying from region to region and also method to method. For example discontinuation rate were 25%, 34.7%, and 38.4% in Maryland, Senegal and Bangladesh respectively (3-5). Data from 16 countries of Sub-Saharan Africa indicated that around 50% of women who ever used contraceptive had discontinued their use(6).

In Ethiopia, around 33% of women who ever used contraceptive were stop using it within the first 12 months and more than 50% of them stop before 2 years(7). As different studies showed that there are many possible reasons for contraceptive discontinuation and reasons were vary from country to country and method to method(8). According to study done in other part of Ethiopia, the major reasons for short acting contraceptives discontinuation were dissatisfaction with the method and side-effects whereas, the common reasons for discontinuation of long acting contraceptives were wanting to become pregnant and husband displeasure(9).

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

Contraceptive discontinuation is one of a worldwide problem that have a negative consequence on maternal, neonatal and infant health(10). Twenty- five million out of 74 million unintended pregnancies resulted from contraceptive discontinuation and it account 33% of unintended birth and 35% of unintended pregnancy according to a study conducted in 36 developing countries(11).As data shown that, over 40% women were at risk of conception after three months of discontinuation(8).More over contraceptive discontinuation leads to high fertility rate that will affect the economic growth of most developing countries including Ethiopia(12).

Data from 172 countries showed that contraceptives use had averted 44% of maternal deaths(13).Despite this high advantage of contraceptives use, contraceptive discontinuation is high in most regions of the world especially in Africa(11).

Africa have high maternal mortality and fertility rate, and unmet need for family planning compared to other regions(14).According to EDHS 2016,Ethiopia has a maternal mortality ratio of 412 per 100,000 live births, and the total fertility rate of 4.6 children per reproductive age group women,(7)which is higher compared to other African countries(14). This high mortality and fertility rate shows as more attention should be given for quality family planning service which helps to improve contraceptives discontinuation(15). In Ethiopia contraceptive utilization had increased from 6% in 2000, to 35% in 2016. Despite this improvement in family planning utilization, the unmet need for family planning remains high for married women(22%)(8).This may be because of high contraceptive discontinuation rate.

In Ethiopia 12 months contraceptives discontinuation rate were 35% that varied by the method of contraceptive; the discontinuation rate was 70%, for oral contraceptive pills, and 38% for injectable methods(16). This high levels of discontinuation can adversely affect the quality of family planning programs, which is crucial for women and couples to attain their long-term fertility desires(6).Therefore, it is important to consider issues related to contraceptive discontinuation behavior of women(3).

There was no published article regarding prevalence of modern contraceptives discontinuation and associated factor among married reproductive age group women in Debre Berhan town. Additionally most studies in Ethiopia were done only on early implanon removal and they didn't incorporate other contraceptives like pills, injectable and IUCD and also they got different result. So this study was conducted to explore the prevalence of modern contraceptives discontinuation and associated factor among married reproductive age group women in Debre Berhan town, Ethiopia.

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

The finding of this study will be used as an important input for concerned bodies to strengthen family planning service.

Firstly, this study will provide important information for different stakeholders addressing the issues related to maternal morbidity and mortality associated with improper contraceptive use.

Secondly, findings from this study will provide information for policy makers to develop strong family planning strategies to decrease contraceptives discontinuation among women.

Thirdly, the study will be expected to identify the existing problems to the reality and invite the concerned bodies who are responsible for mitigation of the problems.

Finally, the study may serves as benchmark for other studies in this area.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1. Prevalence of Contraceptives Discontinuation

Contraceptive discontinuation rates were varying from region to region and method to method. The Study conducted in USA to assess the determinants of early contraceptives discontinuation showed that teens contraceptive discontinued rate was 40% after 6 months of use (17). Likewise, study done in Honduras regarding women reversible method contraceptive discontinuation revealed that, discontinuation rate was 45% within 12 months and 50% for injectable users(10). Another retrospective study done in Maryland among adolescent and young adult women showed that discontinuation rate was 11.3% within half year and 21.9% within the first year(4). Although those researches had done in United State, they got different results. It may be because of their difference in study design and sample size use.

A survey done in Italy showed that discontinuation rate of hormonal contraceptive was 34.9% (18). According to WHO DHS data report in 2012, from 60 countries revealed that all contraceptives method discontinuation rate were 38%, 55%, and 64% within the first, second and third year, respectively(8). Similarly, survey conducted by Mohamed M. and John Cleland in 19 developing countries showed that, oral contraceptive discontinuation rate was ranging from 15 to 40%(19). Another study done in urban Senegal, to assess contraceptive discontinuation and switching characteristics of women from 2010–2015, pointed out that contraceptives discontinuation rate were 34.7% within 12 month. In addition to this, discontinuation rates of daily pills, injectable and IUCD were 38%, 32.7%, and 18.4%, respectively and it was lowest for implant (6.3%)(3).

Recent DHS of Armenia, Bangladesh, Colombia, the Dominican Republic, Egypt, Indonesia, Kenya, and Zimbabwe showed that twelve month contraceptive discontinuation rate were range from 18% to 63% across those countries. Generally these discontinuations were among women who had in need of contraception and about 12 to 47% of women were stopped using contraception within one year despite they did not want to become pregnant(16).

A cross-sectional study conducted among 16,273 women in Bangladesh in 2015, to assess the prevalence of contraceptive discontinuation and switching and also factors associated with them reported that discontinuation and switching of contraceptive method were 38.4% and 15.4%, respectively(5). Further, an observational cohort study conducted in Nepal among 654 women regarding post-abortion contraceptive discontinuation revealed that 62% were discontinued within the first year of use(20).

A community based cross-sectional study done in Humera town in 2018, to explore prevalence and factors associated with modern contraceptive discontinuation among reproductive age group women showed that, among 321 married women contraceptive discontinuation rate was 27.1%. It has suggested that increase community awareness, and counseling were important to reduce contraceptives discontinuation and its consequences(21). However, community based cross sectional study done in Jimma town, Southwest Ethiopia among 423 reproductive age group women, to assess factors associated with contraceptive discontinuation and switching showed that, discontinuation rate was 11.5% and 27.4% within 12 months and 24 months respectively. And pills discontinuation rate was highest (30.0%) within twelve month (15). This different result may be due to differences in their sample size, socio-demographic characteristic of the respondent and their data collection instrument.

Another community based cross sectional study conducted in 244 participants in Ofla district, Tigray, to explore early discontinuation of implanon and factors associated with it among women indicated that, early implanon discontinuation rate was 16%(22).

An Institutional based cross sectional study in Debre Tabor town, aimed to assess magnitude of early implanon discontinuation revealed that, among 449 implanon user early implanon discontinuation was 65%(23). Similarly, an institutional based cross-sectional study conducted in Dire Dawa revealed that prevalence of long-acting family planning method switching was 40.4%(24).

Another study done in Dale District; Southern Ethiopia to explore discontinuation rate of implanon indicated that early implanon discontinuation rate was 23.4% among 711 women(25).

## **2.2. Factors Associated with Modern Contraceptive Discontinuation**

### **2.2.1. Socio-demographic factors**

A study conducted in Bangladesh showed that, the discontinuation rate was higher among women in early reproductive years than older and higher among women who have low income than women who have high income(5). Another study done in Nepal showed discontinuation were higher among women who was not living with their husband than living with their husband (20). According to a study conducted in Senegal 14.4% of discontinuations were due to husband dissatisfaction(3) .

The study done in Bale district, Ethiopia showed that women age 20–24 years, had experience higher discontinuation ( AOR = .44 95% CI) than older (above 35 years), (AOR =.08 95% CI). Also, less educated women had experience higher discontinuation than educated women (25, 26). On the contrary, study done in Jimma showed that contraceptive discontinuation rate of pills was highest among women age 25-29 years (9.5%) than aged 20-24 women (2.6%) within one year. And contraceptives discontinuation was higher among women who had primary education (AHR 1.59, 95% CI) than no education(15).

According to community- based cross-sectional study that done in Diguna Fango district, Southern Ethiopia, age(age at insertion <20years (AOR: 3, 95% CI: 1.16–7.8))and educational status (women who had no formal education (AOR: 2.8, 95% CI: 1.31–6.11)) were determinants of implanon discontinuation(27). Another study done in Humera town, Ethiopia showed that contraceptive discontinuation were associated with absence of husband support(AOR = 12.99 95% CI) discussion with the female friend (AOR =3.26 95% CI), and community prohibition(AOR = 6.88 95% CI)(21).

Study done to assess the implanon removal experiences of women in Butajira, Ethiopia showed that religious factors were one factor for early implanon removal(28).

### **2.2.2. Method related factors**

A study done in USA showed that, contraceptive method type is the strongest predictor of early discontinuation which was lower among IUCD user than other method user injectables (HR, 5.6; 95% CI; P<.05); pills (HR, 6.6; 95% CI; P<.01) (17). Another study conducted in Honduras reveals that, the main reason for contraceptive discontinuation were experiencing of specific side effect such as heavy bleeding (14.2%),weight gain(11%),dizziness(13%) headache(26.7%),amenorrhea(22.1%),and abdominal pain(14.8%)(10).

Similarly, retrospective study done in Maryland revealed that, the most common reason for discontinuation for implant was bleeding(59%) and for IUD was expulsion(63%) (4).

A survey done in Italy on hormonal contraceptive discontinuation reported that, irregular bleeding (5.3%), weight gain (4.8%) and headache (3.8%) were the main reasons for discontinuation (18).Another study conducted in Nepal showed that, discontinuation of short acting (95%) was higher than long-acting contraceptive (5%)(20). Similarly, discontinuation rates were higher for short-acting methods than long-acting methods, according to WHO DHS data report from 60 countries (8).

According to studies conducted in Ethiopia regarding with factors associated with early implanon removal showed that, experience of side effects, was the main reason for early removal of implanon(22, 23, 25, 27).Likewise, study done in Jimma revealed that, reason for contraceptives discontinuation was different from method to method and time to time. According to this study the main reason for first year discontinuation were side effects and need for more effective methods. But, the reason for the second year (8%) and third year (14.1%) discontinuation were because of desire for pregnancy. For injectable users desire for pregnancy (8.3%) was a frequent reason for two years discontinuation followed by side effects (6.6%). For pills need more effective method accounts 17.8% of two years discontinuation rates(15).

### **2.2.3. Obstetric factors**

Community based cross-sectional study done in Humera town, showed that number of children they want (AOR 2.83 95% CI =1.16, 6.89))and male children (AOR2.51 95% CI=1.06, 5.96), were associated with modern contraceptive discontinuation(21). Another study done in Ofla district, Tigray, indicated that main reason for early discontinuation of implanon was desiring more children(43.6%)(22).

Institutional based cross sectional study done in Debre Tabor town revealed that, null parity (AOR=2.0,95%CI=1.3–4.5),was one factor for early implanon discontinuation(23).A according to study conducted in Diguna Fango district, Wolayita Zone, Southern Ethiopia revealed that , children number (AOR: 1.8, 95% CI=1.01–3.21) and abortion history (AOR: 2.3, 95% CI=1.10–4.63)were determinants of implanon discontinuation(27).

#### **2.2.4. Quality of family planning service related factors**

According to study done in Bangladesh oral contraceptive discontinuation were associated with counseling on its taking(29). Another study conducted in Angola indicated that counseling on side effects and appointment for follow up were predictors of contraceptive discontinuation (30).

A community based cross-sectional study done in Humera ,Ethiopia showed that women who were not counseled have higher ((AOR= 6.55 CI =2.21, 19.39)) discontinuation than were counseled on side effects(21).Another study done in Olfa Tigray revealed that early implanon removal were higher among, women who weren't appointed for follow up (AOR= 3.23(1.17-8.93)) than appointed(22). Likewise, institutional based cross-sectional study done in Debre Tabor town showed that early implanon removal were higher among women were not counseling on side effects (AOR = 1.5; 95% C.I: 1.1–3.4)) and not appointed for follow up (AOR = 2.6; 95% C.I: 1.2–4.3)) than counter parts(23). A community based cross-sectional study done in Dale district southern Ethiopia which aimed to assess factors associated with early implanon removal indicated that women who were not appointed for follow up (AOR= 3.13 (95% CI: 2.0–4.95)) and were not counseled about the side effects (AOR = 1.93 (95% CI: 1.27–2.93) were experience higher early implanon removal than those were appointed and counseled(25).

In summery this literature review indicates that there were few researches in developing countries those done on contraceptives discontinuation. Reported rates of contraceptive discontinuation were varying from study to study. While little has known on general rates of contraceptive discontinuation in Ethiopia, most report were on early implanon removal rates which were vary each other. For example implanon removal ranges from16% in Ofla district, Tigray to 65% in Debre Tabor town. This difference may be due to their study design, number of participant and socio economic characteristics of their respondent. Findings most often indicate that, experience of side effects, inadequate counseling, desired number of children and types of contraceptive were associated with contraceptive discontinuation. Overall many studies were

done on utilization of contraceptives but little is known on discontinuation rate of contraceptives and their associated factors which have great effect on unmet need of family planning.



### 2.3. Conceptual Framework

Based on reviewed literatures, there were different factors affecting contraceptive discontinuation. These factors can be categorized as socio demographic factors; method related factors, obstetric factors and quality of family planning service related factors. The following figure is constructed based on reviewed literatures and shows the relationship between contraceptive discontinuation and associated factors (5, 21, 23).

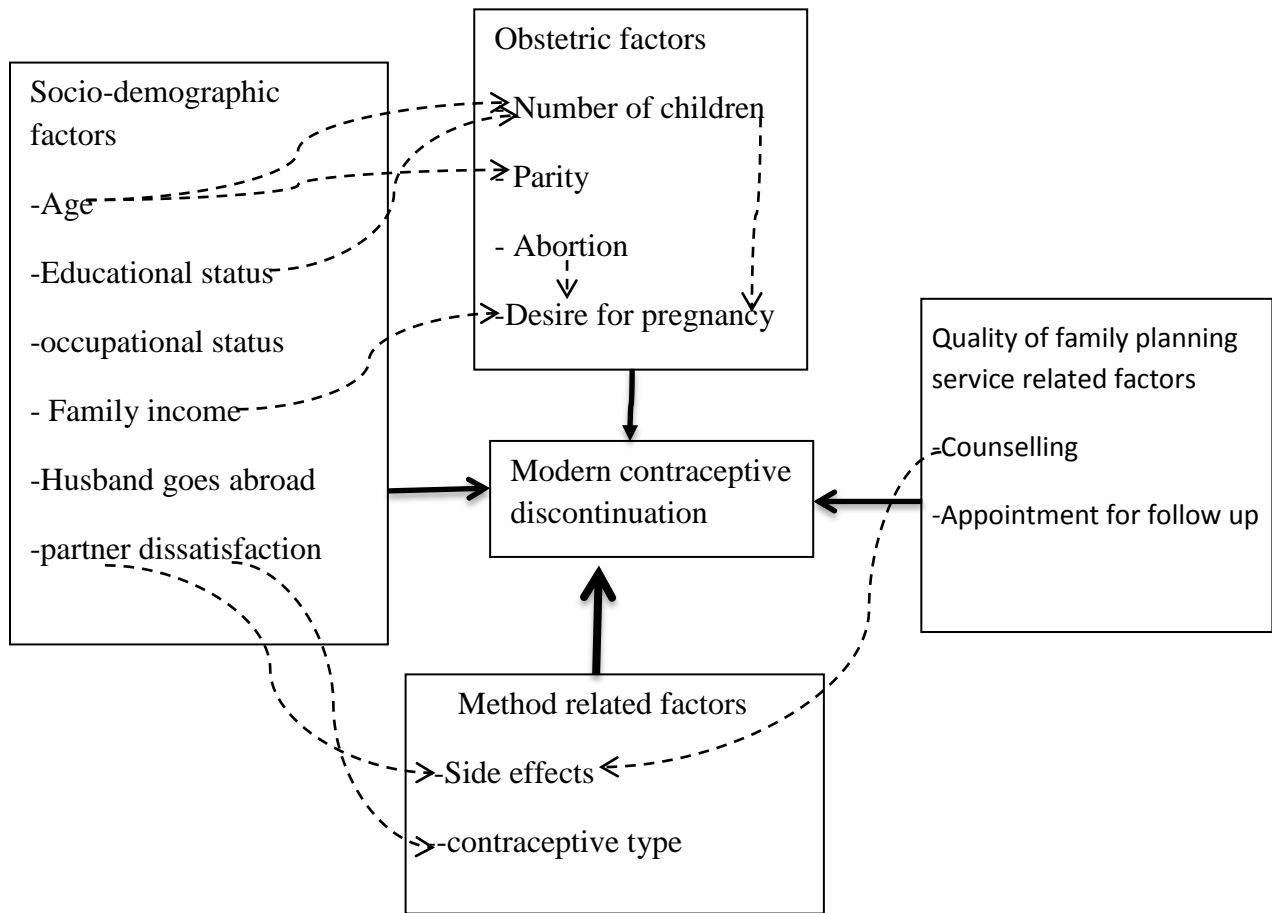


Figure 1. Conceptual framework of modern contraceptives discontinuation adapted from literatures of contraceptives discontinuation

## **CHAPTER THREE**

### **OBJECTIVES**

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

- ✚ To assess the prevalence of modern contraceptives discontinuation and associated factors among married reproductive age group women in Debre Berhan town, Ethiopia from March 15 to April 15, 2019.

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

- ✚ To determine the prevalence of modern contraceptives discontinuation among married reproductive age group women in Debre Berhan town, Ethiopia.
- ✚ To assess factors associated with modern contraceptives discontinuation among married reproductive age group women in Debre Berhan town, Ethiopia.

## **CHAPTER FOUR**

### **METHODS AND MATERIALS**

#### **4.1. Study Area and Period**

The study was conducted in Debre Berhan town, North-Eastern, Ethiopia. Debre Berhan town is found in Amhara Region, North Shewa administrative Zone. It located at 9°41'N 39°32'E/9.683°N 39.533°E, that is, 130 km North of Addis Ababa, the capital city of Ethiopia. It has 2840m elevation above sea level and covers 14.71km<sup>2</sup>. The town has 9 administrative kebeles. According to the information obtained from the District Health Office, in 2015/16 population data, the total population size of the district was 92,887, out of which 50,883 (54.78%) were females. The numbers of households were estimated to be 22,014. In the town, there were 2 hospitals, 3 health centers, 9 health posts, 6 private clinics, and 17 pharmacies which render health services for the community. Family planning service was also available in most of the above health institutions including health posts. This study was conducted in Debre Berhan town from March 15-April 15, 2019.

#### **4.2. Study Design**

Community based cross-sectional study was conducted.

#### **4.3. Source Population**

All married reproductive age group women who used modern contraceptives in the last five years.

#### **4.4. Study Population**

Randomly selected married reproductive age group women who used modern contraceptives in the last five years.

#### **4.5. Eligibility Criteria**

##### **4.5.1. Inclusion criteria**

- ✓ Married reproductive age group women who used modern contraceptive in the last five years.

#### 4.5.2. Exclusion criteria

- ✓ Seriously ill women

#### 4.6. Sample Size Determination

In this study, sample size was calculated by using a single population proportion formula based on the following assumptions: prevalence of contraceptive discontinuation (p) was used 27,(21) at significant level  $\alpha = 0.05$ , 95% confidence interval, Margin of error (d) 5% and 10% non-response rate, the sample size was calculated by the following formula:

$$n = (Z \alpha/2)^2 P (1-P) / d^2$$
$$= (1.96)^2 0.27(1-0.27) / (0.05)^2 = 303$$

- ✓ By considering design effect of 1.5 and 10% non-response, total of 500 women were recruited as study units among married reproductive age group women who used modern contraceptives in the last five years in Debre Berhan town.

#### 4.7. Sampling procedures

Two stage sampling procedures were employed to identify the study participant. In the first stage four Kebeles were randomly selected from nine Kebeles of the town. In the second stage systematic random sampling technique was applied to identify the required sample. List of contraceptive users were taken from the family planning, registration book of each selected kebele health post and health centers. Kebeles administrative office of each selected kebele was used for the starting point for the selection of the first household then the next household that contained women who used contraceptive in the last five years were selected by using systematic random sampling. For selected households with more than one eligible study participant one was selected by using lottery method.

## Diagrammatic presentation of sampling procedure

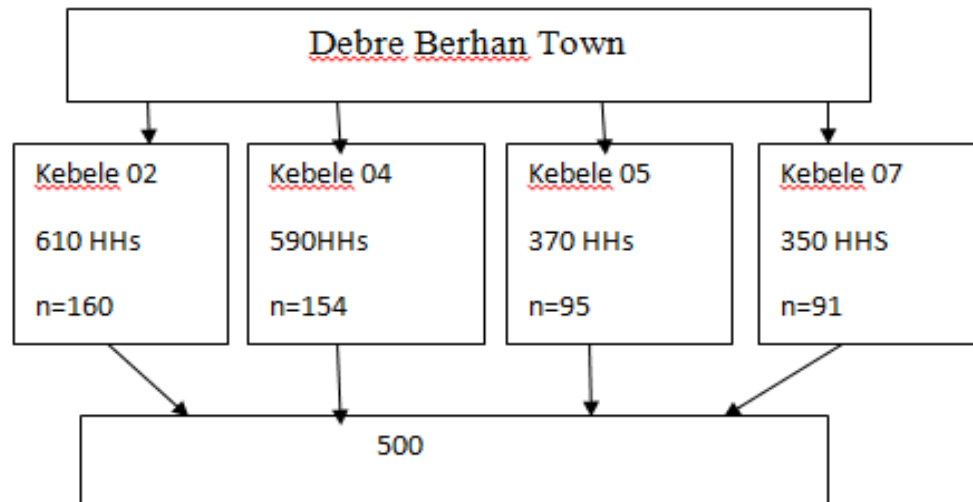


Figure 2. Schematic presentation of sampling procedure for modern contraceptives discontinuation and associated factors in Debre Berhan town, North Shewa Zone, Amhara Region, 2019.

## 4.8. Methods of Data Collection

### 4.8.1. Data Collection Tool

Data was collected by using semi-structured face-to-face interviewed questionnaire which adapted from EDHS 2016 and previous similar researches conducted in Ethiopia(15, 21). It prepared in English first then and translated to Amharic. It had three parts; the first part contained socio-demographic characteristics of mothers; the second part of the questionnaire contained reproductive characteristics of women and the third part contained contraceptives discontinuation characteristics of the women, such as the time of start and discontinued the contraceptive, type of contraceptive has discontinued and reason for discontinuation.

#### **4.8.2. Data collection procedure**

Four health extension workers were recruited and trained for two-day on interview technique, data collection method, confidentiality and privacy issue and also supervisor was trained for two days. Supervisor was responsible for supervise the data collectors, and check for completeness of the questionnaire. And principal investigator managed the whole processes of the data collection procedures.

### **4.9. Variables**

#### **4.9.1. Dependent variable**

Modern contraceptive discontinuation among married reproductive age group women.

#### **4.9.2. Independent variables**

- Socio-demographic character: age, religion, occupation, education, husband opposition and husband go abroad.
- Obstetric factors: number of children, parity, abortion and desire for pregnancy
- Method related factors: side effect and contraceptive type
- Quality of family planning service: counseling and appointment for follow-up.

### **4.10. Operational definition**

Modern contraceptives: are contraceptives including pill, injectable, implant and IUCD.

Contraceptive discontinuation: is discontinuation of modern contraceptives for any reason, at any time for pills and injectable and before the end of their use for implant and IUCD.

### **4.11. Data Quality Control**

Before the actual data collection, the questionnaire was pre-tested in (5%) 25 women from kebele 09 of Debre Berhan town, one week before the scheduled data collection day and appropriate modification was made. Quality of data was control at different levels, at the end of each data collection day supervisor and principal investigator checked the collected data. The questionnaire was prepared in English and translated into Amharic and retranslated back to English to check consistency. Data cleaning and coding was done before analysis.

#### **4.12. Methods of Data Analysis**

Data was entered in to epi-data version 4.2 and analysis was performed by using SPSS version 25. Frequencies and cross tabulations were used for variables of the study. The relationship between independent variables and the respondent's discontinuation rate was explored by using bivariate and multivariable logistic regression analysis with p-value of 0.05 and CI of 95%.

#### **4.13. Ethical Considerations**

Permission was got from the ethical clearance committee of Addis Ababa University College of health science, school of nursing and midwifery. Ethical approval and clearance was obtained from Institutional Review Board of Addis Ababa University. Support letter was obtained from Addis Ababa University and Debre Berhan town Health Office. Informed verbal consent was obtained from each study participants to confirm willingness to participate after explaining the objectives, benefits, and risks of the study. Participation in the study was volunteer and confidentiality was assured and no personal details were recorded in any documentation related to this study.

#### **4.14. Dissemination of the Study**

The finalized copy of this study will be given to school nursing and midwifery, Addis Ababa University. Besides, it will be given to MOH and NGOS working around reproductive and maternal health in Debre Berhan town. This study will also be disseminated through the available forums of publishing and workshops.

## **CHAPTER FIVE**

### **RESULT**

#### **5.1. Socio demographic and economic characteristics of respondent**

The study was conducted among 500 married reproductive age group women and response rate was 100%. The mean age of participants was 29 with standard deviation of 7.3 and above one fourth of the participants were above 35 years old. Two- third (69.6%) of the participants were orthodox follower and 186(37.2%) of participant and 253 (50.6%) of their partner were government employees. Two hundred twenty (44%) of participant and 266(53.2%) of participants husbands were college and above by educational status. The reported average family income of the participants were 4487ETB and above two- third of participant (70%) were living with their husband.

Table 1: Socio-demographic and economic characteristics of participant in Debre Berhan town, 2019 (n=500)

Variables	Category	Number	Percent
Age	15-24	131	26.2%
	25-29	134	26.8%
	30-34	86	17.2%
	>=35	149	29.8%
Religion	Orthodox	348	69.6%
	Muslim	57	11.4%
	Protestant	50	10%
	Catholic	33	6.6%
	Other*	12	2.4%
Educational status	Not able to read and write	44	8.8%
	Able to read and write	75	15%
	Primary(1-8)	57	11.4%
	Secondary(9-12)	104	20.8%
	College/university and above	220	44%
occupational status	House wife	172	34.4%
	Government employee	186	37.2%
	Merchant	80	16%
	Daily laborer	31	6.2%
	Other**	31	6.2%
husband educational status	Not able to read and write	28	5.6%
	Able to read and write	84	16.8%
	Primary(1-8)	42	8.4%
	Secondary(9-12)	80	16%
	College/university and above	266	53.2%
husband occupational status	Government employee	253	50.6%
	Merchant	162	32.4%
	Daily laborer	44	8.8%
	Other**	41	8.2%
Family monthly income	<=499	18	3.6%
	500-999	25	5%
	1000-1499	47	9.4%
	>=1500	410	82%
Live with your husband	Yes	350	70%
	No	150	30%

\*Adventist, jova and waque feta

\*\* Farmer, driver, and student

## 5.2. Reproductive characteristics of respondent

Two-third of participants (66%) had birth before and their age at first birth ranged from 12 to 38 years with the mean age of 22 years (SD + 3.86).The average number of children per family was two with standard deviation of 1.34.

About 66(20%) of participants encountered abortion and 38 (11.5%) of participant had a history of child death. Three hundred ninety four (78.8%) of participants and three hundred sixty (72%) of their husband need to have children in the future. The average number of desired children in the future was three (3.02). Regarding decision making in number of children 322(64.4%) made by husband and wife, 89(17.8%) husband alone and 64(12.8%) wife alone.

Table 2: Reproductive characteristics of participant in Debre Berhan town, 2019 (n=500)

Variables		Frequency	Percent
Ever given birth	Yes	330	66%
	No	170	34%
encountered abortion	Yes	66	20%
	No	264	80%
Number of abortion	1	49	74.2%
	2	15	22.7%
	3	2	3%
child death	Yes	38	11.5%
	No	292	88.5%
Number of dead child	1	28	73.1%
	2	10	26.3%
Number of alive children	Male	254	50.8%
	Female	243	48.6%
You want more children in the future	Yes	394	78.8%
	No	106	21.2%
Your husband need children in the future	Yes	360	72%
	No	140	28%
Total desired children in the future	Below or equal to 3	274	54.8%
	Above 3	226	45.4%
Decision maker in number of children	Husband	89	17.8%
	Wife	64	12.8%
	Husband and wife	322	64.4%
	Other*	25	5%

Other\* families and friends

## 5.3. Prevalence of modern contraceptive discontinuation

Modern contraceptive discontinuation is discontinuation of pills, injectable, implant and IUCD by any reason, at any time for pills and injectable, and before the end of their use for implants and IUCD.

In this study the prevalence of modern contraceptives discontinuation was 176 (35.2%) among married reproductive age group women. And among those methods pills have highest rate of discontinuation 59 (33.5%) while IUCD have lowest rate of discontinuation 20 (11.4%) and the discontinuation rate of injectable and implant were 51 (29% )and 46 (26.1%) respectively (fig3).

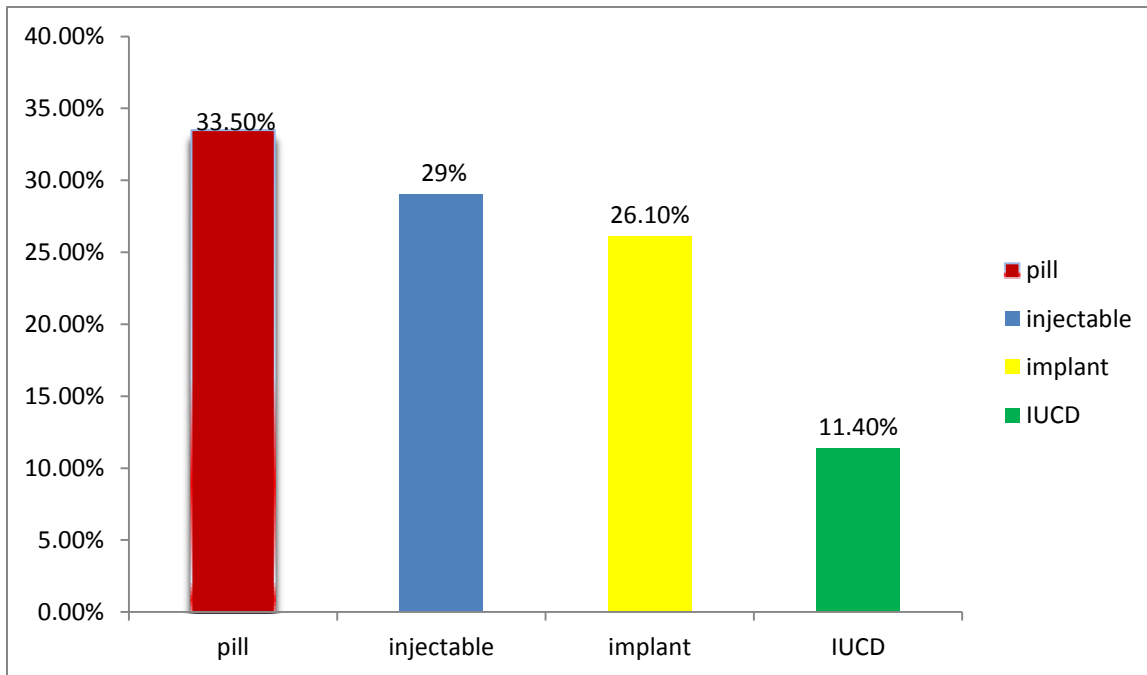


Figure 3: Type of modern contraceptives discontinued with in the last five years in Debre Berhan town, 2019

The median months of use before discontinuation was 24 and the reasons for contraceptive discontinuation was want to get pregnant 94 (53.4%) followed by experience of side effects 43 (24.4%). Husband goes aboard 39(22.2%), medical problem 32(18.2%) and husband opposition (9.7%) were also the reasons for modern contraceptive discontinuation (fig 4).

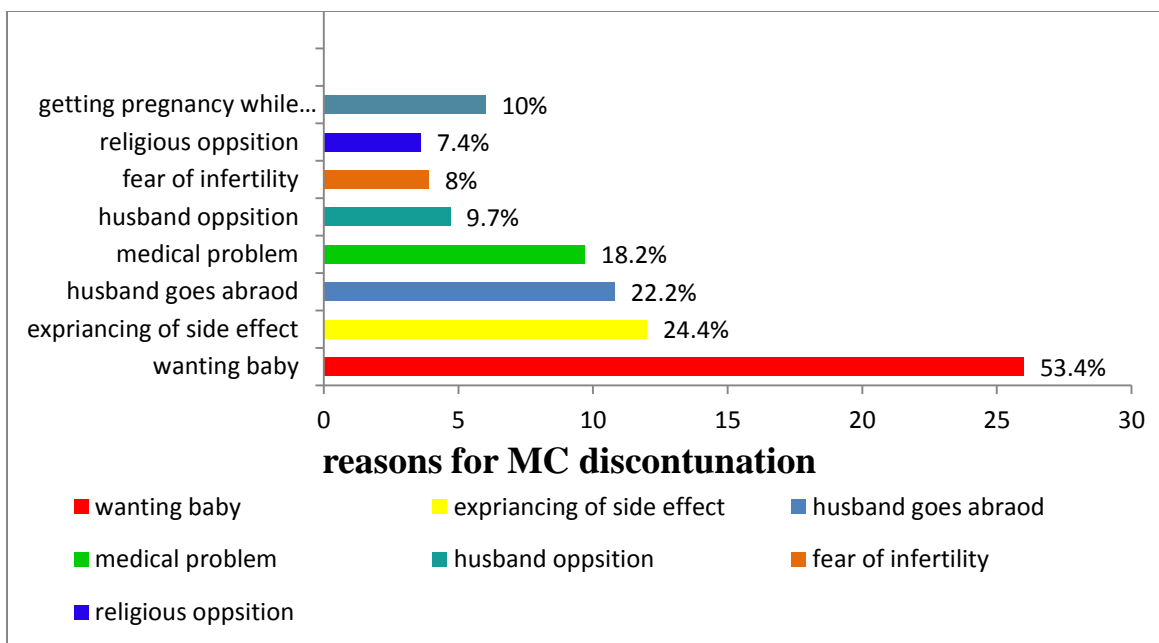


Figure 4: Reason for contraceptive discontinuation in Debre Berhan town, North Shewa Zone, Amhara Region, 2019

One hundred thirty five (76.7%) experienced side effects while use contraceptive and irregular bleeding 132 (48.4%) was the major one followed by absence of period 105(38.6%) (Table 3).

Table 3: Side effects experienced by participants while use MC in Debre Berhan town (n=500)

Side effects experienced by participants while use MC	Number	Percentage
Irregular bleeding	132	48.4%
Absence of period	105	38.6%
Weight loss	101	37.1%
Headache	95	34.9%
Weight gain	72	26.5%
Heavy bleeding	66	24.3%
Nausea and vomiting	66	24.4%
Pain at insertion site	53	19.5%

## **5.4. Factors associated with modern contraceptive discontinuation**

### **5.4.1 socio-demographic factors**

All the socio demographic factors and modern contraceptive discontinuation relating factors were assessed for the presence of association with modern contraceptive discontinuation in bivariate analysis by using binary logistic regression and multivariable analysis by using multivariable binary logistic regression with P value of 0.05 and CI 95%.

Hence, educational status of respondent, educational status of respondent husband, living with their husband, discussion with their husband and his acceptance, and also respondents' discussion with their female friend on modern contraceptive was associated with modern contraceptive discontinuation in the bivariate binary logistic regression analysis. But in multivariable binary logistic regression analysis, educational status of respondent, living with their husband, and husband acceptance to use modern contraceptive were significantly associated with modern contraceptive discontinuation.

The results demonstrated that women who could not read and write (AOR =4.95 [95% CI: 1.21-20.31]), had primary educational status (AOR=3.89 [95% CI: 1.29-11.71], had secondary educational status (AOR=2.98 [95% CI: 1.16-7.69] were more likely to discontinued modern contraceptives compared to women who were college and above in educational status. Women who were not live with their husband were 4 times more likely to discontinued (AOR=3.81[95% CI: 1.64-8.87] than women who live with their husband. More over women who didn't get husband support to use MC were 4 times more likely to discontinued MC (AOR=3.85[95% CI: 1.20-12.35) than who did get support to use.

### **5.4.2. Method related factor**

Experiencing of side effect was one factor associated with modern contraceptive discontinuation. There for women who had experienced side effects were 2 times more likely to discontinued (AOR= 2.45[95% CI: 1.21-4.94], compared with women who had not experienced.

### **5.4.3 Quality of family planning service related factor**

Getting counseling service was another factor for modern contraceptive discontinuation. i.e Women who didn't get counseling from health care provider during contraceptives use were 5

times more likely to discontinued MC (AOR=5.50[95% CI: 2.48-12.19] than women who did get counseling service.

Table 4: factors associated with discontinuation of modern contraceptives among married reproductive age group women who used MC in the last five years in Debre Berhan town (N=500)

Variables	discontinuation of MC Yes (%)	(No %)	Crude OR (95 % C .I)	Adjusted OR ( 95% C.I)
Education				
can't read and write	13(29.5)	31(70..5)	0.84(0.42-1.71)	4.95( 1.21-20.31)*
primary	23 (40.4)	34(59.6)	1.4(0.74-2.48)	3.89 ( 1.29-11.71)*
secondary	41 (39.4)	63(60.6)	1.3(0.80-2.13)	2.98 (1.16-7.69)*
college and above	73 (33)	147(67)	1	1
husband, education				
can't read and write	14(50)	14(50)	1.8(0.82-3.93)	2(0.51-7.85)
primary	12(28.6)	30(71.4)	0.72(0.35-1.47)	0.49(0.13-1.85)
secondary	30(37.5))	50(62.5)	1.08(0.64-1.81)	2.08(0.75-5.78)
college and above	95(35.7)	171(64.3)	1	1
living with their husband				
yes	96(29.6)	254(70.4)	1	1
no	80 (53.3)	70(46.7)	3.02(2.03-4.50)	3.81(1.64-8.87)*
Child death				
yes	10 (26.3)	28(73.7)	0.6(0.28-1.3)	0.299(0.09-1.01)
no	108 (37)	184(63)	1	1
side effect				
yes	135(49.1)	140(50.9)	4.32(2.86-6.54)	2.45(1.21-4.94)*
no	41 (18.2)	184(81.8)	1	1
getting counseling service				
yes	75(24)	238(76)	1	1
no	101(54)	86(46)	3.73(2.53-5.49)	5.51(2.49-12.19)*
family planning consistence with quality				
yes	57(25.6)	166(74.4)	0.45(0.31-0.66)	0.64(0.29-1.41)
no	119(43)	158(57)	1	1
Appointment				
Yes	45(25.7)	130(74.3)	0.51(0.34-0.76)	1.15(0.54-2.47)
No	131(40.3)	194(59.7)	1	1
discussion with their husband				
yes	124(32.5)	257(67.5)	0.62(0.41-0.95)	1.66(0.26-10.65)
no	52(43.7)	67(56.3)	1	1
his acceptance				
yes	90 (25.5)	263(74.5)	1	1
no	20 (62.5)	12(37.5)	4.87(2.29-10.35)	3.85(1.20-12.35)*
discussion with their female friend on MC				
yes	83(30.3)	191(69.7)	0.62(0.42-0.89)	1.48(0.66-3.32)
no	93 (41.2)	133(58.8)	1	1

\* Statistically significant

## CHAPTER SIX

### DISCUSSION

This study dealt with the discontinuation rate of modern contraceptives and their associated factors among married reproductive age group women who used modern contraceptive in the last five years by using community based cross sectional study. The finding of this study showed that the prevalence of modern contraceptive discontinuation was 35.2% with the mean duration of use  $2.6 \pm 2.1$  months. The finding of this study indicated that discontinuation rate was high which shows one out of three mothers discontinued their use.

This finding is almost in line with study done in Italy (34.9%) and Senegal (34.7) (3, 18). But higher than study done in Humera (27.1%) and lower than study done in Bangladesh (38.4%). This inconsistency may be due to different in sample size, 321 and 16,273 in Humera and Bangladesh respectively (21,5).

This study also revealed that discontinuation rate was 12.6% within the first year of use which is consistent with study done in Jimma (11.5%) (15). This consistency may be due to similarity in study design (community based cross sectional) and socio demographic characteristics of respondent as both studies worked on reproductive age group women. But contraceptive discontinuation rate was higher within the first year of use in Senegal compared to this study. This variation may be due to differences in study period (2010-2015) in Senegal (3).

The reasons mentioned by women for modern contraceptive discontinuation were need to get pregnant and side effects followed by husband goes abroad and medical problem. This study revealed that experiencing of side effects were reasons for modern contraceptives discontinuation which is related to women's prior information about expected side effects of contraceptives. This is in line with other studies done in Maryland, Italy and the other parts of Ethiopia (4, 15, 18, 21).

The common side effects cited by women in this study were irregular bleeding, absence of period, weight loss and headache those interfere with day to day activities of the women and may

lead to husband dissatisfaction by sexual relationship especially due to irregular bleeding. This finding also consistent with study conducted in Honduras, Italy and Ethiopia (10, 15, 18, 21).

Additionally discontinuation was higher among short actings (pills and injectable) compared with long actings (implant and IUCD). This may be due to time taking behavior of short acting to take frequently and there exposing to forgetting, and also they don't need health professionals to discontinue. This finding were supported by study done in Nepal and WHO DHS report of 60 countries(8, 20).

Regarding factors associated with modern contraceptive discontinuation, this study showed that discontinuation rate were higher among less educated women (up to grade twelve) compared to more educated (college and above). This may be due to low knowledge of less educated women on the importance of contraceptives use and their negative attitude to contraceptives especially on their side effects. This finding also is in line with study done in Jimma (15).The similarity of those findings may be due to similarity in socio-demographic characteristics of respondents (married reproductive age group women) and study design (community based cross sectional).

The odds of modern contraceptive discontinuation among women who were not living with their husband were 3.81 times more than who were living with their husband, which was supported by study conducted in Nepal(20). This may be due to absence of sexual relationship since their husbands were not there.

Experiencing of side effects were other predictor for modern contraceptive discontinuation, women who ever experienced side effects were more likely to discontinued modern contraceptives compared with women who had not experienced. This may be due to lack of prior information on expected side effects of contraceptives which can cause women misunderstanding on contraceptive side effect. And also this may be due to the negative impact of contraceptives side effects on day to day activities of the women. This finding is consistence with study done in Honduras, Maryland, Italy and in other parts of Ethiopia (4, 10, 15, 18, 21)

Another factors affecting modern contraceptive discontinuation were didn't get counseling from health care provider during contraceptive use. This may be due to more knowledge of women who get counseling about contraceptives than didn't get counseling. More over this finding may

also be due to difference in attitude of women for side effects of modern contraceptives between women who counseled and not counseled. This is consistence with study conducted in Bangladesh, Angola, Humera, Dale and Debre Tabor (5,21, 23, 25, 29).

Modern contraceptive discontinuation rate was higher among women who didn't get husband support to use MC compared with women who got support to use. This may be due to lack of husband support to use and negative attitude of men on contraceptives especially on their side effect. The finding is in line with study done in Humera (21). This may be due to similarity in study design (community based cross sectional) and socio-demographic characteristics of respondent as both study conducted among married reproductive age group women and in North part of the country.

## **CHAPTER SEVEN**

### **STRENGTH AND LIMITATION OF THE STUDY**

#### **7.1. Strength of the study**

The study has the following strength in addressing the objectives and validity of the study

- ✓ Large sample size
- ✓ Community based
- ✓ 100% response rate

#### **7.2. Limitation of the study**

- It didn't assure causality due to nature of the design (cross-sectional)
- As this study done in town(urban) it exclude rural community
- The study may have social desirability factors as the data was collected by health extension worker

## CHAPTER EIGHT

### CONCLUSION AND RECOMMENDATION

#### 8.1. Conclusion

This study showed that 35.2% of married reproductive age group women who used modern contraceptive in the last five year were discontinued their use.

Women who had low educational status, didn't live with husband, , have experienced side effect while used modern contraceptives, didn't get counseling service, and didn't accepted by their husband to use modern contraceptives were predictors for modern contraceptive discontinuation.

#### 8.2. Recommendations

- ✓ Minister of health should give emphasis to quality of Family Planning service
- ✓ Health policy makers should create strong family planning strategy to reduce modern contraceptive discontinuation which highly reduces maternal mortality.
- ✓ A great effort should be made by Debre Berhan town health office to create community awareness about the importance of the continues use of contraceptives which helps to reduce maternal and infant mortality and morbidity.
- ✓ Governmental and NGOs like Merystops which give family planning service in Debre Berhan town should be strengthen their FP counseling service.
- ✓ Health care provider should also be give adequate counseling on side effects of contraceptive.
- ✓ Researchers should do further studies.

## CHAPTER NINE

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## CHAPTER TEN

### ANNEXES

#### **Annex I: English Version Information Sheet**

Addis Ababa University, College of Health Science, School of Nursing and Midwifery and Department of Nursing and Midwifery

This sheet is to be ready for the participants of the study. Good morning/afternoon, my name is \_\_\_\_\_ and I am one of the data collector for the study being conducted by Addis Ababa University, College of Health Sciences, school of Nursing and Midwifery for partial fulfillment of MSc in Maternity and Reproductive Health Nursing, on a topic entitled “prevalence of modern contraceptives discontinuation and associated factors among married reproductive age group women in Debre Berhan town, Ethiopia, 2019. For this study, you are selected as a participant and before getting your consent to participate in the study, all the necessary information that you need to know related to the study is stated as follows;

**Objective:** to assess the prevalence of modern contraceptives discontinuation and associated factors among married reproductive age group women in Debre Berhan town.

**Significance of the study:** The study can be useful in adding the knowledge on regarding level of modern contraceptives discontinuation. It also important to design training for health care providers who are giving family planning service. This study can be used as a reference for other researchers to do further study on the topic area.

This questionnaire might take 10 -15 minutes. Your name will not be written anywhere in the study and all the information you give us is confidential except for the purposes of this study and it will never be disclosed for the third party. In addition, I would like to inform you that by participating in this study, you will get no short term or long term risk or benefit. I also would like to inform you that you have a full right to withdraw from the study at any time. Your cooperation and willingness to participate for the study is very helpful.

**Name of principal investigator:-** Siraye Genzeb Ayele Date: \_\_\_\_\_ Signature \_\_\_\_\_

**Address of PI:** Mobile: +251923026703, E-Mail:[sgenzeb86@gmail.com](mailto:sgenzeb86@gmail.com)

## **Annex II- Consent**

ADDIS ABABA UNIVERSITY, COLLEGE OF HEALTH SCIENCE, SCHOOL OF  
NURSING AND MIDWIFERY

### **Consent**

My name is ----- I am MSc student in Addis Ababa University, College of Health Sciences, School of Nursing and Midwifery and, Department of Nursing and Midwifery. I am conducting a study to determine prevalence of modern contraceptives discontinuation and associated factors among married reproductive age group women in Debre Berhan town.

If you decide to participate in the study, you will be asked some questions on the questionnaire below.

Any information you provide will be kept confidential. Your name will not appear on the questionnaire. Any information you provide will not be used against you. Your responses will not bring any harm to you and will not affect your job.

You are free to choose whether or not you to participate in the study.

**Do you agree in this study?**

Yes  No

**Thank you for Your Cooperation**

### Annex III: English Version Questionnaire

Questions on the assessment of prevalence of modern contraceptive discontinuation and associated factors among married reproductive age group women in Debre Berhan town.

Instruction; - Circle the response in the response column that best matches with the answer of the respondent.

#### Part I: Socio-demographic and economic characteristics of respondents in Debre Berhan town, 2019.

Code	Questions	Answers	Skip
101	What is your age in completed years?	_____years	
102	To which religious group do you belong?	1. Orthodox 2. Muslim 3. Protestant 4. catholic 5. Other, specify_____	
103	What is your educational level?	1. Can't read and write 2. Can read and write 3. Elementary school (1 -8) 4. Secondary school(9 – 12) 5. College/ University and above	
104	What is your occupation?	1. House wife 2. Government employee 3. Private business 4. Daily laborer 5. Other, specify _____	
105	What is the educational level of your husband?	1. Can't read and write 2. Can read and write 3. Elementary school(1-8) 4. Secondary school( 9 – 12) 5. College/ University and above	
106	What is your husband's occupation?	1. Government employee 2. Private business 3. Daily laborer 4. Other, specify_____	
107	What is your monthly income (Include all family incomes)?	_____ ETB	
108	Now are you living with your husband?	1. Yes 2. No	

**Part- II: Reproductive characteristics affecting Modern Contraceptive discontinuation in Debre Berhan town, 2019.**

201	Ever give birth before?	1. Yes 2. No	If your answer is No skip to Question number 203
202	If yes, Age at first birth?	-----	
203	Do have pregnancy before?	1. Yes 2. No	If your answer is No skip to Question number 205
204	If yes, How many pregnancies do you have?	In number -----	
205	Do you encounter abortion?	1. Yes 2. No	If your answer is No skip to Question number 207
206	If yes how many abortions did you encountered?	_____	
207	Do you have a history of child death?	1.Yes 2.no	If your answer is No skip to Question number 209
208	If yes, how many children was dead?	-----	
209	No of alive children?	M..., F....	
210	Do you want to have more children in the future?	1.Yes 2.No	
211	Does your husband want to have additional child?	1.Yes 2.No	
212	Total desired number of children?	M..., F....	
213	Who is the decision maker on number of children?	1. Husband 2. Wife 3. Both husband and wife 4.Others, specify_____	

**Part III. Contraceptive discontinuation characteristics of respondents in Debre Berhan town, 2019.**

301	Which type of Modern Contraceptive did you used in these five years? If you were used above one contraceptive ,you should mention the last MC you used	1. Pill 2. Injectable 3..Implant 4.Intra uterine contraceptive devices	
302	Are you discontinued that contraceptive?	1. yes 2. no	If your answer is no Skip to Q308
303	If your answer is yes for Q302 for how long you used this contraceptive before discontinue?	Month .....	
304	If your answer is yes for Q302 how long since you discontinued that contraceptive?	Month .....	
305	If your answer is yes for Q302. What was the main reason for your contraceptives discontinuation?	1. Side effects 2.Husband disapproval 3. Health problem 4. Switching to another method 5. Wanting to have a baby 6.Religion opposition 7. Husband goes aboard 8. had not got enough counseling service 9.Lack of knowledge 10.Getting pregnant while on MC 11.Fear of infertility 12. Others (specify) .....	
306	If the reason is shifting to other method, which method is using currently?	1. Pill 2.Injectable 3. Implant 4.Intra uterine contraceptive devices	
307	If your reason is want to have a child. How many children you want to have?	Write it.....	
308	Have you ever experienced any side effect while using modern contraceptive?	1.Yes 2.No	If your answer is no, skip to q 310.

309	Which side effects did you experience while using MC? You can give more than one answer	1.Irregular bleeding 2.Absence of period 3.Heavy bleeding 4.Weight gain 5.Weight loss 6.Headache 7.Nausea, vomiting 8.Pain at insertion site 9.other specify-----	
310	Did the health providers advice you on contraceptive methods and side effect?	1. Yes 2. No	If your answer is no, skip to q 312.
311	If your answer is yes for Q 310 did you satisfy by the counseling service?	1. Yes 2. No	
312	Do you believe that family planning service is consistent with quality?	1. Yes 2. No	
313	Did the health providers give appointment to you?	1. Yes 2. No	
314	Would you discuss about your contraceptive use with your husband?	1. Yes 2. No	
315	If yes for Q 314, did he accept you to use modern contraceptive?	1. Yes 2. No	
316	Did you ever discuss about MC with your female friends?	1. Yes 2. No	
317	Do you know about side effect of contraceptives?	1. Yes 2. No	
318	If your answer is yes for Q 317 What are side effects of contraceptives you know? You can give more than one answer	1.Irregular bleeding 2.Absence of period 3.Heavy bleeding 4.Weight gain 5.Weight loss 6.Headache 7.Nausea, vomiting 8.Pain at insertion site 9.other specify-----	

አባሪ አንድ፡ የአማርኛ ትርጉም የጥናቱ ተሳታፊዎች የመረጃ ቅጽ

በአዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ት/ቤት፣ ነርስ እና ሚድዋይሬሪ ት/ት ክፍል

እኔ ከዚህ በታች ስሜ የተጠቀሰው በአዲስ አበባ ዩኒቨርሲቲ ፣ጤና ሳይንስ ኮሌጅ ፣የነርስ እና ሚድዋይሬሪ ት/ቤት፣ በነርስ እና ሚድዋይሬሪ ት/ት ክፍል በ “Maternity and Reproductive Health Nursing” ድህረ ምረቃ ተማሪ ስሆን ““በደብረብርሀን ከተማ የሚገኙ ያገቡ እና በመራባት የዕድሜ ክልል ዉስጥ ያሉ እናቶች ዘመናዊ የወሊድ መቆጣጠሪያ ዘዴ የማቋረጥ መጠን እና ከማቋረጥ ጋር ተያያዥ የሆኑ ነገሮች.” በሚል ርዕስ በደብረብርሀን ከተማ በሚገኙ እናቶች ላይ ጥናት እያካሄድኩ እገኛለሁ። ለዚህም ጥናት እርስዎ እንዲሳተፉ ተመርጠዋል። በጥናቱ ላይ ለመሳተፍ ፍቃደኛነትዎን ከመግለፅዎ በፊት ከጥናቱ ጋር በተገናኘ የሚያስፈልጎትን መረጃ ከስር እንደሚከተለው ተገልጧል።

የጥናቱ አላማ፡- ““በደብረብርሀን ከተማ የሚገኙ ያገቡ እና በመራባት የዕድሜ ክልል ዉስጥ ያሉ እናቶች ዘመናዊ የወሊድ መቆጣጠሪያ ዘዴ የማቋረጥ መጠን እና ከማቋረጥ ጋር ተያያዥ የሆኑ ነገሮች.”

የጥናቱ ጠቀሜታ፣ ይህ ጥናት ያገቡ እና በመራባት የዕድሜ ክልል ዉስጥ ያሉ እናቶች ዘመናዊ የወሊድ መቆጣጠሪያ ዘዴ የማቋረጥ መጠን ያሳያል፤ በስነ-ተዋልዶ ዙሪያ ለሚሰሩ የጤና ባለሙያዎች የሚሰጥ ስልጠናን ለመቅረፅ ይረዳል፤ በተጨማሪም ይህ ጥናት ሌሎች አጥኚዎች በዚህ ርዕስ ዙሪያ ጥናታቸውን ሲያካሄዱ እንደማጣቀሻ ሊጠቀሙበት ይችላሉ።

መጠይቁ ከ10 -15 ደቂቃ ሊፈጅ ይችላል። በጥናቱ ላይ የእርሶ ስምና አድራሻ አይጠቀስም። የሚሰጡትም መረጃ ከዚህ ጥናት አላማ ውጭ ለሌላ አካል ተላልፎ አይሰጥም ሚስጥራዊነቱም የተጠበቀ ይሆናል። በዚህ ጥናት ላይ በመሳተፍዎ የሚደርስበት ጉዳት ወይም የተለየ ጥቅም አይኖርም። በዚህ ጥናት መሳተፍ ፈቃደኛ ካልሆኑ ወይም በመሀል ማቋረጥ ከፈለጉ የማቋረጥ ሙሉ መብት እንዳሉት ልገልጽለት እወዳለሁ። በጥናቱ ላይ ለመሳተፍ የእርሶ ትብብር እና ፈቃደኛነት እጅግ ጠቃሚ ነው።

የጥናት አድራጊወ. ስም፡-ስራዬ ገንዘብ

ቀን ----- ፊርማ -----

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**አባሪ ሁለት፡ የፈቃደኝነት መግለጫ ቅፅ**

በአዲስ አበባ ዩንቨርሲቲ፣ጤና ሳይንስ ኮሌጅ፣ የነርስ እና ሚድዋይፈሪ ት/ቤት፣ በነርስ እና ሚድዋይፈሪ ት/ት ክፍል

በደብረብርሀን ከተማ የሚገኙ ያገቡ እና በመራባት የዕድሜ ክልል ወስጥ ያሉ እናቶች ዘመናዊ የወሊድ መቆጣጠሪያ ዘዴ የማቋረጥ መጠን እና ከማቋረጥ ጋር ተያያዥ የሆኑ ነገሮች ለመለየት የተዘጋጀ መጠይቅ

ስሜ-----ይባላል፡፡በአዲስ አበባ ዩንቨርሲቲ ፣ጤና ሳይንስ ኮሌጅ ፣የነርስ እና ሚድዋይፈሪ ት/ቤት፣ በነርስ እና ሚድዋይፈሪ ት/ት ክፍል በ “Maternity and Reproductive Health Nursing” ድህረ ምረቃ ተማሪ ስሆን “በደብረብርሀን ከተማ የሚገኙ ያገቡ እና በመራባት የዕድሜ ክልል ወስጥ ያሉ እናቶች ዘመናዊ የወሊድ መቆጣጠሪያ ዘዴ የማቋረጥ መጠን እና ከማቋረጥ ጋር ተያያዥ የሆኑ ነገሮች.” በሚል ርዕስ በደብረብርሀን ከተማ በሚገኙ እናቶች ላይ ጥናት እያካሄድኩ እገኛለሁ ፡፡ በዚህም ጥናት ለመሳተፍ ፈቃደኛ ከሆኑ ከችግሩ ጋር የተያያዙ አንዳንድ ጥያቄዎችን እንዲመልሱ ይጠየቃሉ፡፡

ማንኛውም የሚሰጡን መረጃ በሚስጥር ይጠበቃል፡፡ የእርሶ ስም በመጠይቁ ላይ አይገለፅም ፡፡ የሚሰጡን መረጃ በእርሶ ላይ እንደ መረጃ አይወሰድም ፡፡ ምላሾ በእርሶ ላይም ሆነ በስራዎት ላይ ምንም አይነት ጉዳትም አይፈጥርም ፡፡ በጥናቱ ላይ ለመሳተፍም ሆነ ላለመሳተፍ ነፃ ነዎት፡፡

በዚህ ጥናት ለመሳተፍ ፍቃደኛ ነዎት? አዎ  አይደለሁም

ስለትብብርዎ እናመሰግናለን !

- 01. የመረጃ ሰብሳቢው ስም----- ፊርማ -----
- 02. የተከታታዩ ስም-----ፊርማ -----
- 03. ቃለ መጠይቅ የተደረገበት ቀን-----

**አባሪ ሶስት :ቃለ መጠይቅ**

በደብረብርሀን ከተማ የሚገኙ ያገቡ እና በመራባት የዕድሜ ክልል ውስጥ ያሉ እናቶች ዘመናዊ የወሊድ መቆጣጠሪያ ዘዴ የማቋረጥን መጠን ለመመዘን እና ከማቋረጥ ጋር ተያያዥ የሆኑ ነገሮችን ለመለየት የተዘጋጀ መረጃ መሰብሰቢያ መጠይቅ።

መመሪያ፣ ከተጠያቂው መልስ ጋር የሚመሳሰለውን መልስ መርጣችሁ አክብቡ።

**ክፍል አንድ፡የጥናቱ ተሳታፊዎች ማህበራዊ እና ኢኮኖሚያዊ ባህሪያት**

ቁጥር	ጥያቄ	መልስ	ማለፊያ
101	ዕድሜዎ ስንት ነው?	_____ በአመት	
102	የየትኛው ሃይማኖት ተከታይ ነዎት?	1. ኦርቶዶክስ 2. ሙሴሊም 3. ፕሮቴስታንት 4. ካቶሊክ 5. ሌላ(ይገለፅ)-----	
103	የትምህርት ደረጃዎ ምንድነው	1. ማንበብና መጻፍ አልችልም 2. ማንበብና መጻፍ እችላለሁ 3. አንደኛ ደረጃ (1-8) 4. ሁለተኛ ደረጃ (9-12) 5. ኮሌጅ/ዩኒቨርሲቲ እና ከዚያ በላይ	
103	ስራዎ ምንድነው?	1. የቤት እመቤት 2. የመንግስት ስራተኛ 3. ነጋዴ 4. የቀን ስራተኛ 5. ሌላ,ካለ (ይገለፅ),	
104.	የባለቤትዎ የትምህርት ደረጃ ምንድነው?	1. ማንበብና መጻፍ አይችልም 2. ማንበብና መጻፍ ይችላል 3. አንደኛ ደረጃ (1-8) 4. ሁለተኛ ደረጃ (9-12) 5. ኮሌጅ/ዩኒቨርሲቲ እና ከዚያ በላይ	
106	የባለቤትዎ ስራ ምንድነው?	1. የመንግስት ስራተኛ 2. ነጋዴ 3. የቀን ስራተኛ 4. ሌላ,ካለ (ይገለፅ),	
107	የቤተሰብዎ የወር ገቢ ስንት ነው?(ሁሉንም የቤተሰብ ገቢዎች ያካትቱ)	.....በብር ይጻፉ	
108	አሁን ከባለቤቶ ጋር ነው የሚኖሩት?	1. አዎ 2. አይደለም	

ክፍል ሁለት፡የወሊድ መቆጣጠሪያ ዘዴዎችን ከማቋረጥ ጋር ተያያዥ የሆኑ የስነ- ተዋልዶ ባህሪያት

ቁጥር	ጥያቄ	መልስ	ማለፊያ
201	ከዚህ በፊት ወልደወ. ያወቃሉ?	1. አዎ 2. አላወቅም	መልሱ አያወቅም ከሆነ ወደጥያቄ ቁጥር 203 ይላፉ
202	ለ201ኛ ጥያቄ መልሶ አዎ ከሆነ፤ በመጀመሪያ ሲወልዱ ስንት አመትዎ ነበር?	-----አመት	
203	ከዚህ በፊት አርግዘወ. ያወቃሉ?	1. አዎ 2. አላወቅም	መልሱ አያወቅም ከሆነ ወደጥያቄ ቁጥር 205 ይላፉ
204	ለ203ኛ ጥያቄ መልሶ አዎ ከሆነ፤ ስንት ጊዜ አርግዘዋል?	ቁጥሩን ይጻፉ .----- -	
205	ውርጃ አጋጥሞት ያወቃል?	1. አዎ 2. አያወቅም	መልሱ አያወቅም ከሆነ ወደጥያቄ ቁጥር 206 ይላፉ
206	ለ205ኛ ጥያቄ መልሶ አዎ ከሆነ፤ ስንት ጊዜ?	ቁጥሩን ይጻፉ .----- -	
207	በሞት የተለየ ልጅ አሎት?	1.አዎ 2.የለም	መልሱ የለም ከሆነ ወደ ጥያቄ ቁጥር 206 ይላፉ
208	ለ207ኛ ጥያቄ መልሶ አዎ ከሆነ ስንት ልጆች ነበር የሞቱበት?	ቁጥሩን ይጻፉ .----- -	
209	በህይወት ያሉ ስንት ልጆች አሉት?	ወንድ----- ሴት .-----	
210	ለወደ ፊት ልጁ መውለድ ይፈልጋሉ?	1. አዎ 2. አልፈልግም	
211	ባለቤትዎ ወደፊት ተጨማሪ ልጅ እንዲኖራችሁ ይፈልጋሉ?	1. አዎ 2. አይፈልግም	
212	ለወደፊት በአጠቃላይ ስንት ልጅ መውለድ ትፈልጋላችሁ?	ቁጥሩን ይጻፉ .----- -	
213	የልጆችን ቁጥር በተመለከተ ወሳኔ ሰጪወ ማነወ?	1.ባል 2.ሚስት 3.ባልና ሚስት 4.ሌሎች.ይግለጹ-----	

ክፍል ሶስት:የወሊድ መቆጣጠሪያ ዘዴዎችን የማቋረጥ ሁኔታ

ቁጥር	ጥያቄ	መልስ	ማለፊያ
301	በዚህ አምስት አመት ወስጥ የተጠቀሙት የወሊድ መቆጣጠሪያ ዘዴ የትኛው ነው?ከአንድ በላይ ከተጠቀሙ ለመጨረሻ ጊዜ የተጠቀሙትን ይጥቀሱ.	1.የሚዋጥ 2.መርፌ 3.በክንድ ውስጥ የሚቀበር 4.በማህፀን ውስጥ የሚቀመጥ	
302	ይህን የወሊድ መቆጣጠሪያ ዘዴ አቋርጠዋል?	1. አዎ 2. አላቋረጥኩም	መልስዎ አላቋረጥኩም ከሆነ ወደ ጥያቄ ቁጥር 308 ይለፉ
303	መልሶዎ ለተ.ቁ. 302ኛ አዎ ክሆነ ከማቋረጥ በፊት ለምን ያህል ጊዜ ነው የተጠቀሙት?	ወር-----	
304	መልሶዎ ለተ.ቁ. 302ኛ አዎ ክሆነ የይህን የወሊድ መቆጣጠሪያ ካቋረጡት ምን ያህል ጊዜ ሆኖት?	ወር-----	
305	መልሶዎ ለተ.ቁ. 302ኛ አዎ ከሆነ ያቋረጡበት ምክንያት ምንድን ነው?ከአንድ በላይ መልስ መጥቀስ ይቻላል.	1.የጎንዮሽ ጉዳት ስላጋጠመኝ 2.ባለቤቴ ውድቅ ስላረገብኝ 3.የጤና ችግር 4.ወደ ሌላ ዘዴ ቀየርኩ 5.ልጄ እንዲኖረኝ ስለፈለኩ 6.ሀይማኖቴ ስለሚቃወመው 7.ባለቤቴ ሌላ ቦታ ስለሚኖር 8.በቁየምክርአገልግሎት-ስላላገኘሁ 9.እወቀት/መረጃ ስለሌለኝ 10.የወሊድ መቆጣጠሪያ እየተጠቀምሁ ሳለሁ ስላረገዘኩ 11.መሀንነትን ፈርቼ 12.ሌላ ካለ (ይጻፉ).	
306	የወሊድ መቆጣጠሪያ ዘዴዎች ያቋረጡበት ምክንያትዎ ሌላ ዘዴ ለመጠቀም ከሆነ አሁን ምን እየተጠቀሙ ነው?	1.የሚዋጥ 2.መርፌ 3. በክንድ ውስጥ የሚቀበር 4. በማህፀን ውስጥ የሚቀመጥ	
307	የወሊድ መቆጣጠሪያ ዘዴዎች ያቋረጡበት ምክንያትዎ ልጄ ስለፈለጉ ክሆነ ስንት ልጄ ይፈልጋሉ?	ወንድ----- ሴት .-----	
308	የወሊድ መቆጣጠሪያ ዘዴዎች ሲጠቀሙ የጎንዮሽ ጉዳት አጋጠሞት ያወቃል?	1. አዎ 2. አያወቅም	

309	ለ308ኛ ጥያቄ መልሶ አዎ ከሆነ ያጋጠሞት የጎንዮሽ ጉዳዮች የትኞቹ ናቸው?ከአንድ በላይ መልስ መጥቀስ ይቻላል.	1.ወቅቱን ያልጠበቀ ደም መፍሰስ 2.የወር አበባ መቅረት 3.ከባድ ደም መፍሰስ 4.የክብደት መጨመር 5.የክብደት መቀነስ 6.ራስ ምታት 7.ማቅለሽለሽ፣ማስታወክ 8.የወሊድ መቆጣጠሪያ በገባበት ቦታ ላይ ህመም 9. ሌሎች (ይግለጹ).....	
310	የጤና ባለሙያዎች ስለወሊድ መቆጣጠሪያ ዘዴዎችና ስለተጠቀሙት የወሊድ መቆጣጠሪያ ዘዴ የጎንዮሽ ጉዳት መክረዎታል?	1. አዎ 2. የለም	መልሱ የለም ከሆነ ወደ ጥያቄ ቁጥር 312 ይለፉ
311	መልሶ ለተ.ቁ. 310ኛ አዎ ከሆነ የተሰጥዎት፣ ምክር አርክዎታል?	1. አዎ 2. አላረካኝም	
312	ወሊድ መቆጣጠሪያ ዘዴዎች አሰጣጥ ጥራቱን የጠበቀ ነው ብለው ያምናሉ?	1. አዎ 2. አላምንም	
313	የጤና ባለሙያዎች ስለወሊድ መቆጣጠሪያ ዘዴዎች ለመነጋገር ሌላ ጊዜ ቀጠሮ ሰጠዎታል	1. አዎ 2. የለም	
314	ስለ ወሊድ መቆጣጠሪያ ዘዴዎች ከባለቤትዎ ጋር አወርተዎል ?	1. አዎ 2. አላወራንም	
315	መልሶ ለተ.ቁ. 314ኛ አዎ ከሆነ ተስማምታል	1. አዎ 2. አልተስማማም	
316	ስለ ወሊድ መቆጣጠሪያ ዘዴዎች ከሌት ጓደኛዎ ጋር ተወያይተዎል?	1. አዎ 2. አልተወያየንም	
317	ስለ ወሊድ መቆጣጠሪያ ዘዴዎች የጎንዮሽ ጉዳት ያውቃሉ?	1. አዎ 2. አላውቅም	

318	<p>መልሶ ለተ.ቁ. 317ኛ አዎ ከሆነ የትኛቹን ወሊድ መቆጣጠሪያ ዘዴዎች የጎንዮሽ ጉዳዮች ያውቃሉ?ከአንድ በላይ መልስ መጥቀስ ይቻላል.</p>	<ol style="list-style-type: none"> <li>1.ወቅቱን ያልጠበቀ ደም መፍሰስ</li> <li>2.የወር አበባ መቅረት</li> <li>3.ከባድ ደም መፍሰስ</li> <li>4.የክብደት መጨመር</li> <li>5.የክብደት መቀነስ</li> <li>6.ራስ ምታት</li> <li>7.ማቅለሽለሽ፣ማስታወክ</li> <li>8.የወሊድ መቆጣጠሪያ በገባበት ቦታ ላይ ህመም</li> <li>9. ሌሎች (ይግለጹ).....</li> </ol>	
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