



**ASSESSMENT OF INTENTION AND DETERMINANTES OF  
CONTRACEPTIVE USE AMONG POST PARTUM MARRIED  
WOMEN IN ADAMA, ETHIOPIA 2016**

**A THESIS SUBMITTED TO SCHOOL OF GRADUATE STUDIES OF  
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**ADDIS ABABA UNIVERSITY  
COLLEGE OF HEALTH SCIENCE  
SCHOOL OF PUBLIC HEALTH**

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## **List of acronyms**

AIDS- Acquired immune deficiency syndrome

ANC- Anti Natal Care

AOR - Adjusted Odds Ratio

CPR- Contraceptive Prevalence Rate

COR- Crude Odds Ratio

CSE- Central Statistics Agency

EDHS- Ethiopian Demographic and Health Survey

FGAE- Family Guidance Association in Ethiopia

FP- Family Planning

HIV - Human immuno virus

HSDP- Health Sector Development Program

IUCD- Intra Uterine Contraceptive Device

LAM- Lactational Amenorrhea Methods

LAPM- Long Acting and Permanent Methods

MCH- Maternal and Child Health

PMTCT- Prevention of Mother to Child Transmition

PNC- Post Natal Care

PPFP- Post Partum Family Planning

STI- Sexual Transmitted Infection

WHO- World Health Organization

## **Abstract**

**Background-** Addressing family planning in the postpartum period is crucial for better maternal, neonatal and child survival because it enables women to achieve healthy interval between births. The first year after a woman has given birth is crucial for use of contraceptives to prevent unwanted pregnancy. Many women, however, do not realize that they are at a risk for pregnancy during this period. Consequently, contraceptive use by women during this period is low, resulting to unintended pregnancies and unwanted childbearing.

**Objectives** -To assess intention and determinants of contraceptive use among postpartum married women in health centers of Adama.

**Method-** - A facility based cross sectional study that employed exit interviews with postnatal clients was conducted in all public health centers, from June –July, 2016 in Adama town. Four hundred twenty two study subjects were allocated to the institution by proportional based on the number of deliveries three months prior to the study. Pre tested structured Amharic version questionnaire was used to collect the data through interview. Both bivariate and multiple logistic regressions were used to identify determinant factors.

**Result** -Of 420 postnatal women interviewed 66.2% of them were intention to use contraceptive methods and 45.5% postnatal mothers stated that they have an intention to start after 45 days of delivery. However, 43.6% of respondents have negative attitude towards modern contraceptive. Governmental Occupation, Desire for more children, Frequency of ANC visit and discussion with providers after delivery were the main determinants of the intention to use postpartum family planning among the mothers (AOR of 3.029; 95%CI (1.19, 7.70), AOR of 0.45; 95%CI (0.24, 0.84)), AOR of 0.42; 95%CI (0.20, 0.85) and AOR of 2.98; 95% CI of (1.84, 4.82)) respectively.

**Conclusion and Recommendation-**This study has revealed that intention to use contraceptive during post partum period is significantly higher. Family planning programmes should give high priority to the mothers in order to encourage them uptake contraceptives as early as possible during their postpartum period. Likewise, there is need to strengthen policies that promote girls education and opportunity of job. Health professional should discuss about FP after delivery and during consecutive antenatal visit is crucial to improve contraceptive knowledge and empower women to make informed choice.

# **1. Introduction**

## **1.1 Background**

Family planning is defined as the ability for individuals and couples to attain their desired number of children and plan the spacing and timing of their births through use of contraceptive methods (1).

The benefits of family planning have become increasingly recognized worldwide, including improved health, economic, and social outcomes for women and families, as well as public health, economic, and environmental benefits at the population-level. At the individual-level, the health benefits for women and infants include the prevention of pregnancy related health risks and deaths in women, reductions in infant mortality and the rate of unsafe abortions, the prevention of the transmission of HIV/AIDS from mother-to-child (PMTCT), and prevention of sexual transmission of HIV and sexually transmitted infections (STI) between partners ( 1).

By slowing the growth of a family size, women have more earning potential and families are able to devote more resources to each child, resulting in reductions of poverty (2). Despite the known benefits of family planning, globally more than 120 million married women aged 15 to 49 years or in union have an unmet need for family planning (3).

The consequences of the high unmet need for postpartum family planning in sub-Saharan Africa include millions of unintended/unplanned pregnancies and short inter-pregnancy spacing; with poor maternal and infant health outcomes. Meeting the unmet need for family planning and maternal and newborn health care in sub-Saharan Africa is estimated to result in 69 % reduction in maternal deaths and 57 % drop in newborn deaths (4).

The first year after delivery is a complex period, during which a women as to care for her new born child as well as cope with a series of emotional and physical changes and often extreme tiredness. This postpartum period presents a rising risk of unwanted conception and often frustrated desire for contraceptive protection. And, also the postpartum period is considered opportunity for counseling women on family planning methods because this period is often associated with a women's frequent encounter with the health system (5).

By 7-9 months after delivery, most postnatal women are exposed to pregnancy, yet have not obtained contraceptives. Such women would have experienced a return of menses, are sexually active and are unprotected from conception; which increases exposure to the risk of unintended pregnancy and translates into unmet need for PPF (6).

While extensive literature is available on unmet need for PPF and general postpartum, women's intention to use contraception after birth has not been fully taken into account. Yet intention to use PPF may be a more valid indicator of demand for family planning than unmet need, and has currently received attention as an alternative or supplement to information on unmet need. Consequently, contraceptive intentions appear to be better predictors of actual contraceptive use than the unmet need (6).

The major concern of this study therefore, is to investigate the magnitude of intention to use FP during postpartum period and factors that influence the intention of mothers to use postpartum family planning by examining socio demographic factors, reproductive history, contraceptive knowledge, attitude and prenatal and postnatal counseling about FP methods.

## **1.2. Statement of the problem**

Globally the benefits of family planning for both maternal and infant health have well documented, about 25 to 40 Percent of maternal death could be averted if unplanned and unwanted pregnancies were prevented (2). About 10% of reduction in child death (one million under five deaths averted annually by eliminating inter-birth interval of less than two years). Despite this accumulation of evidence the current status of post partum care including family planning is distressingly poor, Postpartum family planning provision is a relatively straight forward service, yet it has not been systematically addressed by either maternal, neonatal or child health/family planning program (3).

Ethiopia is one of the most populous countries in Africa next to Nigeria, which suffers from direct and indirect population problems. Uncontrolled fertility has adversely influenced the socio-economic, demographic and environmental development of the country. The demographic significance of Ethiopian population growth on the African continent is substantial (7).

According to the Ethiopian house and population census in 2007 the country's population growth rate is 2.6%. EDHS 2011 report indicates that total fertility rate is 4.8% nationally and 5.6% in oromia region. Maternal and child mortality rate (676/100,000 live birth) and (88/100,000 live births) respectively. In addition to this the proportion of antenatal care and delivery assisted by skill attendant is relatively low (33.9%) and (10 %) respectively (8, 9).

Evidences have shown that encouraging early antenatal care visits, institutional deliveries, postnatal care, and contraceptive adoption are the key elements in improving safe motherhood. As the first pillar of safe motherhood and an essential component of primary health care, contraceptive plays a key role in reducing maternal and newborn morbidity and mortality by preventing unintended pregnancy and close birth intervals (10).

World Health Organization (WHO) technical committee advises an interval of at least 24 months before couples attempt to become pregnant. A closed birth interval would endanger the lives of the mother, the newborn, and the (previously delivered child). When a mother becomes pregnant shortly after childbirth, she is more likely to develop complications including

spontaneous abortion, postpartum bleeding, and anemia. Secondly, the newborn could be born low birth weight and/or preterm. Thirdly, previously delivered child might receive inadequate care and support which, thereafter, could lead to vulnerabilities to disease and malnutrition (11).

The Ethiopian Health Sector Development Program (HSDP) IV sets a goal of improving maternal health and increasing family planning coverage. However, the first year after birth is given less emphasis regarding contraceptive utilization (12). Hence, introduction of effective contraceptive method during the postpartum period is very crucial.

Oromia Region has the highest fertility rate of about 5.6 children per woman, while Addis Ababa has a below-replacement level of fertility of 1.5 children per woman. As a result of the low contraceptive prevalence, many women of reproductive age who want to stop or postpone child bearing are not able to do so; and hence there is a high unmet need for contraception in Oromia Regional State, estimated at 29.9 % in 2011(9). If the problem is not addressed, although the unmet need for postpartum family planning is high, factors determining the intention to use postpartum contraception among the mothers are not fully known and this calls for such investigation in Ethiopia.

The study was assess intention of contraceptive use and its determinant among postnatal mother in the governmental health centers and these were preferred because they are the first level of health care provision and are mainly engaged in preventive and curative services.

### **1.3. Significant of the study**

The unmet need for family planning among postpartum women still remains high. The postpartum period is a challenging time for women who have to take care of their new born infants and cope with a series of emotional and physical changes. This period poses a risk of unwanted conception associated with increased neonatal and maternal mortality.

Adopting family planning during the first year of postpartum period would reduce maternal and child mortalities reduce unwanted and mistimed pregnancy and reduce risk of abortions. It will also contribute to the existing body of knowledge and intention to use contraceptive on the postpartum period in an attempt to reduce unmet need; improve contraceptive choices; promote optimum health of the mother and the baby and encourage birth spacing or limiting.

The outcome of this study will help family planning programmes of Oromia Regional State to Formulate viable programme options that will guide interventions at various levels to increase CPR of the region. The findings will be shared with health care providers through for such as seminars and conferences to enhance augmented attention to the mothers to improve uptake of PFP. The study outcome will specifically enlighten PFP program implementers on the appropriate strategies and intervention measures of postnatal mothers in Ethiopia.

## **2. Literature Review**

### **2.1 Postpartum period and the concept of postpartum family planning (PPFP)**

Postpartum period includes a 12-month interval following birth; and is sometimes referred to as “extended postpartum period”. It is a complex period, during which a woman has to care for her newborn child as well as cope with a series of emotional and physical changes and often extreme tiredness. Likewise, it is an important timing for family planning, which lengthens birth spacing and improves maternal and infant health, even though contraception demands fluctuate over the course of a woman’s reproductive life (13).

Analysis of DHS of 27 countries revealed an estimated 74 percent unmet need of contraception during the first year in the Sub-Saharan Africa as compared to 54 percent in Latin America and 62 percent in Asia. The analysis also indicated that only 18 percent of postpartum women in Sub-Saharan Africa are using contraceptives as compared to 42 percent in Latin America and 32 percent in Asia (6).

In Ethiopia among women during their first year of postpartum, 74% had an unmet need but only 8% are using any method of family planning. Only 5% of women during this 12 month post partum period desire another birth within two years. The high unmet need for postpartum family planning exposes mothers to pregnancy during the first year after delivery, which adversely affects the health of both the mother and the baby due to short birth intervals (12, 14). This is because most of the unintended pregnancies following childbirth are associated with abortion and poor pregnancy outcomes, thus a public health concern.

### **2.2 Contraceptive knowledge and attitude**

Contraceptive knowledge influences a women decision to use contraception and empowers a woman to make informed choice. Past experience influences future decisions on contraceptives use. Knowledge on the recommended contraceptive methods to include benefits, pros and cons as well as side effects, empower the postnatal woman to make a choice on the method and the appropriate initiation timing (15).

In Uganda, study revealed that knowledge of contraceptive methods was almost universal; with 96.2% mentioning at least one method. The most known method was Injectables (85.2%), followed with oral pills, IUD, and male condoms but that of permanent methods was very low (16). This finding was similar with study in Tigray where 99.3% of married women knew at least one contraceptive method (17).

Studies conducted in Kenya observed an increased utilization of postpartum family planning following interventions to increase awareness. Therefore increasing the information provided on the methods available following delivery has a strong influence on the women's decisions to use postpartum family planning (18).

Study done in Mexico 86% of female have positive attitude to-wards future use of contraceptives and women who discuss family planning issue with their spouse and having a partner who support use of family planning are more likely to use contraceptive or to have lower risk for unmet need than their counter parts (19).

### **2.3 Intention to use PFP**

Whereas there is extensive literature on both unmet need for postpartum family planning and postpartum period, little has been done and written about women's intention to use a contraceptive method in the postpartum period. Intention to practice contraception is a more valid indicator of the demand for family planning than unmet need, even after adjustment for women who state that they will use contraceptives but might fail to do so (18).

A study done in Kenya observed that while unmet need rests on fertility preferences, statements of intentions to use contraceptives pertains to actual contraceptive use. This means that by expressing intention to practice contraception, women are able to better visualize their future need for family planning and therefore are more likely to translate it into actual use. Consequently, women's statements about their intentions to use contraceptives have of recent received attention as an alternative or supplement to information about unmet need (6).

A follow up study conducted five years after national family health survey in India revealed that 49 % of the women who had stated intention to use contraception and 29 % of the women who did not intend to use contraceptives (21).

In Kenya study mothers were asked whether they intended to use family planning following current delivery. A high proportion of 91 percent reported plans to use PPFPP as can be seen in this study only 9.3 percent reported having no intentions to use family planning in the postpartum period (22).

Study from Nigeria shows that 44% of research participants intended to contraceptive after delivery and 59.4% high level of unmet need, though 3% were yet to decide. Advanced age and high parity significantly predicted intention to use postpartum contraceptives ( $P = 0.02$  and  $0.01$ ) respectively. Also high level of respondent's education and family planning counseling by health professional increased the intention to use postpartum contraceptives ( $P = 0.03$  and  $0.01$ ) respectively (23).

#### **2.4 Determinants of postpartum contraceptive use**

Educational attainment of mothers is a major factor influencing their intention to use postpartum contraception. The respondents who had secondary education at the time of the survey were 4.6 times more likely to have the intention to use PPFPP than the mothers with primary education (22).

A study done in Bangladesh showed that despite a desire to avoid closely spaced pregnancies, the majority of women were reluctant to adopt family planning methods soon after birth due to a belief that modern methods of contraception are potentially damaging to health (24).

A study done in Mexico showed that the following characteristics were significantly associated with use of postpartum contraception: age 35 and younger, married, number of ANC visit, equal to or greater than a high school education, prenatal contraceptive counseling and breast feeding less than 2 months. Women who had a postnatal visit were 3 times more likely to use postpartum contraception than women who didn't. Other determinants include socioeconomic and demographic factors and concerns about side effects of contraceptive methods on lactation (19).

## **2.5 Postpartum pregnancy risk**

The year after a woman gives birth presents a rising risk of unwanted conception and often frustrated desire for contraceptive protection. Researchers have established that drop in breastfeeding, return of menses and resumption of sexual activity influences return of fertility beginning approximately 3-6 months and thereby increasing the risk of pregnancy among women during the first year postpartum period. Return of menses is highly individualistic and increases gradually over the first year postpartum period. By the end of first year after birth, about 40- 50 percent of postpartum women in sub-Saharan Africa and Asia experience return of menses by one year postpartum (25).

Study have revealed that most of the postpartum mothers are not aware of the factors associated with fertility return and do not think they are at risk of pregnancy during the first year after giving birth. Consequently, these mothers are reluctant to use family planning or are using unreliable methods associated with high failure rate such as withdrawal and condom (26).

Three major factors determine delivery and use of postpartum family planning services: couples motivation to practice family planning during the postpartum period, women's perceived and actual risk of pregnancy during that period (like resumption of menses, sexual intercourse and breastfeeding status) and family planning program factors (27).

## **2.6 Maternal Health Services intensity and pre natal Contraception counseling**

In a three-country study (Bolivia, Egypt and Thailand), in which the authors controlled for effects of living in high health service contact areas and other demographic factors, the results suggested that frequency of prenatal care had a strong influence on contraceptive use (28).

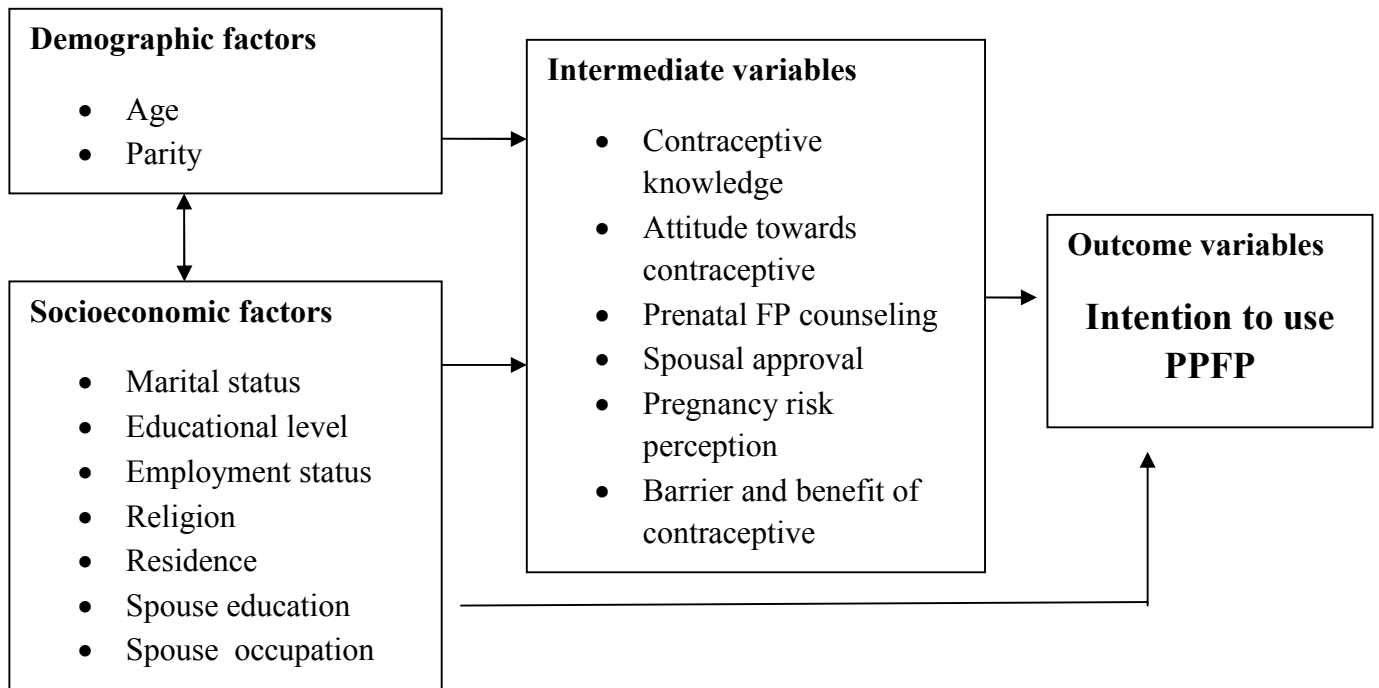
Study reveal that women who receive FP advice during prenatal care were more likely to use a contraceptive than those who did not receive such advice and concluded that antenatal period provided a golden opportunity to discuss not only the appropriateness of the chosen contraceptive but also its correct use. However, this opportunity is under-utilized as a result of patient and provider characteristics (13).

The study in Ethiopia revealed that family planning counseling in the antenatal care is an important determinant of contraceptive use. Study participants who had been counseled about FP by their health care providers/counselors at antenatal care were more likely to use contraceptives than those who had not been counseled. (29).

Research has documented the advantages of an integrated approach to service delivery. Where family planning services have been integrated with postpartum services, acceptance rates have been high. When hospital-based staffs were trained, equipped and provided materials, and began offering family planning counseling and services to postpartum women prior to discharge from hospital, the proportion of women who received information about contraceptive methods during their postpartum hospital stay increased from 43 to 87%. (30).

On the contrary, a randomized prospective study conducted in antenatal clinics in Pakistan in which women were given information about contraception during antenatal visits while others were not; found no significance difference in the subsequent contraceptive use in the postpartum period (31).

## Conceptual Framework



**Fig .1** conceptual frame work for intention to use postpartum Family planning, Adama, Ethiopia, 2016

### **3. Objectives**

#### **General objective**

This study is aimed to assess intention to use contraceptive and its determinants among postpartum married women admitted to postnatal clinic in Adama health centers, East Shawa Zone, Oromia Regional State, Ethiopia.

#### **Specific objectives**

1. To determine intention to use contraceptive among postpartum married women in Adama health centers.
2. To identify determinants of intention to use contraceptive among post partum married women in Adama Health centers.

## **4. Methods**

### **4.1. Study area and period**

This study was conducted in Adama town administration public health centres. It is located to the east of Addis Ababa at the distance of 99km and it is the administrative center for East Shoa Zone of Oromia Regional State. According to 2007 Census conducted by the Central Statistical Agency of Ethiopia (CSA), the city has a total population of 250,817 and there were 125,368 males and 125,449 females. Adama town has one government hospital, three private hospitals; six government health centers, one private clinic, one maternal health clinic (Marie stops), one Adolescent and Youth SRH clinic (FGAE) and 72 drug shops. From this health institutions FP service is being delivered in all hospitals, health centers, Family Guidance Association of Ethiopia (FGAE) and Marie Stops clinics. The study was conducted June-July, 2016

### **4.2. Study design**

A facility based quantitative cross-sectional study designs were employed among postnatal clients

### **4.3. Source population and Study population**

**Source population-** All women aged 15-49 years who gave birth in health centers of Adama town.

**Study population-** Married women who delivered and waiting in postnatal unit in the selected health institutions.

### **4.4 Inclusion and exclusion criteria**

**Inclusion criteria-** All married women aged 15-49 years who were waiting in postnatal unit following a normal delivery with both mothers and baby in stable condition in selected health centers during the specified study period.

**Exclusion criteria-** Mothers and child with any clinical conditions (illness) and need referral for further investigation.

- Unmarried women who gave birth in the selected health institutions during the study period

## 4.5 Sample size

The required sample size is calculated using single population proportion formula and with an assumption of 95% confidence interval, 5% significance level, 5% margin of error, a proportion of 48% from study done in wolaita, Ethiopia on Intention to use long acting permanent method was considered for sample size calculation (20). Accordingly, the sample size for this study was calculated.

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

Assumptions: d = degree of precision = 0.05

P = intention to use contraceptive among married women 48 %;

$\alpha = 0.05$  or  $Z \alpha / 2 = 1.96$

$$n_i = \frac{(Z \alpha / 2)^2 P (1-P)}{(0.05)^2} = 383 + 10\% \text{ non-response rate} = 422$$

422 post natal mothers were required

#### 4.6 Sampling procedures

Sampling was done from a total of 6 post natal unit of all health centers found in Adama town. Calculated sample size were allocated using proportion to size to each selected health centers based on their numbers of institutional deliveries, which was observed three month prior to the data collection period by using average number of deliveries for each health centers, Finally every 3rd married women who is staying in the postnatal unit in all health centers during the study period were interviewed.

As shown below the study participants were distributed to the selected six health centers proportionally.

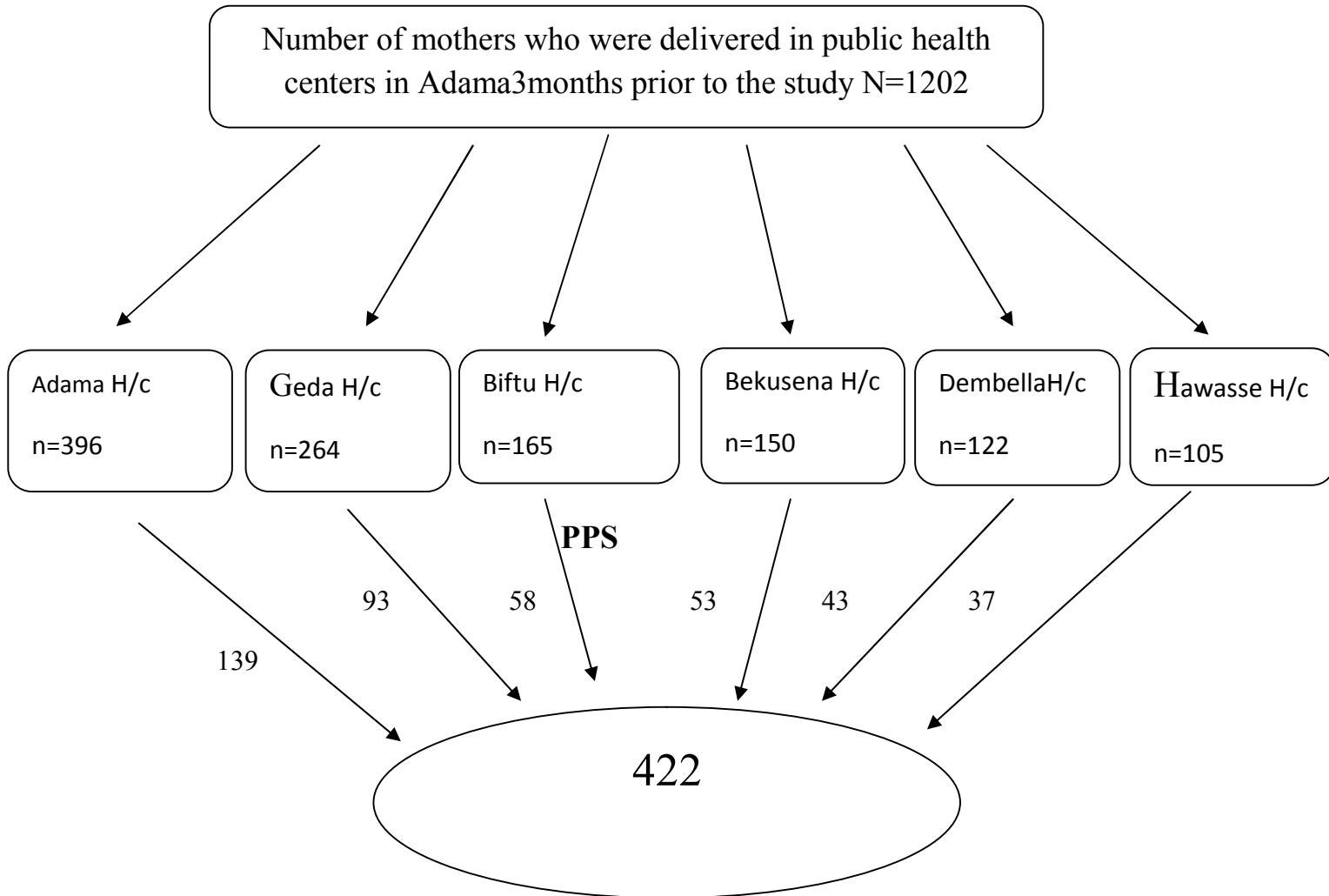


Figure 1. Schematic presentation of sampling procedure of study participants

## 4.7 Data collection procedure

Data were collected when the mother discharge from postnatal unit of each health centers by using structured standard questioner adopted from other researches. The questionnaires was developed in English then translated in to Amharic and back to English to check the consistence of the translation. The study participants were interviewed face to face using structured questionnaires in private room when she is discharged from the postnatal unit.

Four female health professionals who have diploma in nursing or midwifery were used for data collection and one public health officer were selected as a supervisor outside the selected health facilities based on their experiences of data collection. Data collectors and supervisor were trained for two day on objective of the study, method of data collection and discussed thoroughly on the tools prepared for data collection.

## 4.8 variables

**Dependent variable:** Intention to use postpartum family planning.

**Independent variables:** Age, marital status, religion, educational status of mother, employment status, spousal education, residence, parity, knowledge and attitude of family planning, ANC visit, prenatal and postnatal FP counseling, pregnancy risk perception.

## 4.9 Operational definitions

**Postpartum period-** the time from birth up to the first year after birth.

**Postpartum family planning-** Refers to use of family planning methods during the first year after giving birth.

**Intention to use contraceptive-** women who gave birth in the health facility and want to use any method of family planning with in the first year of delivery .

**Married women:** Are those married women in stable sexual union no matter whether the marriage was legal or not.

**Good knowledge-** is defined as knowledge score of greater than or equal to the mean knowledge score.

**Poor knowledge-** is defined as knowledge score of less than the mean knowledge score.

**Positive attitude** –is defined as an attitude score of greater than or equal to the mean attitude score.

**Negative attitude-** is defined as an attitude score of less than the mean attitude score.

#### **4.10 Data quality management**

The following measures were undertaken to maintain data quality, data collectors were selected based on educational level and experience of data collection and were trained adequately. A pre-test was conducted at a health centers different from the selected health centers to see for the accuracy of responses, language clarity, appropriateness of the tools. Necessary amendments were done based on the findings of the pretest. The amended tool was be used for actual data collection at the selected health centers. The supervisors and principal investigator were performed immediate supervision on a daily basis. Each and every completed questionnaire was checked for completeness. The overall data collection process was controlled by the principal investigator. Any mistake or ambiguity was being cleared on the spot.

#### **4.11 Data analysis**

Collected data were manually checked and entered using Epi-Info version 7.0 exported to SPSS version 21 for analysis. It was cleaned and edited accordingly and data was rechecked for missing values before analysis. Frequency distribution and percentage was calculated. Logistic regression, specifically bivariable and multivariable analysis were used to calculate odds ratio to identify factors associated with intention to use contraceptive. The crude and adjusted odds ratios together with their corresponding 95% confidence intervals were considered to declare a result as statistically significant in this study. Finally study results were presented in appropriate summary tables and graphs.

To assess knowledge and attitude of participants towards family planning multiple questions were asked with 12 questions. Six for assessing knowledge of contraceptive and six questions to assess attitude of contraceptive. For each correct or positive answer a score of '1' was given while "0" was given for every wrong or negative answers. Then a mean score was calculated for knowledge and attitude variables separately.

Any score greater or equal to the mean score was defined as high score and hence labeled as "good knowledge" for knowledge variable while it was labeled as "positive attitude" for attitude variable. Any score which is less than the mean score were defined as low score and hence labeled as "poor knowledge" and "negative attitude" for knowledge and attitude variables respectively.

#### **4.12 Ethical Consideration**

Ethical clearance was obtained from The Research and Ethical Committee of Addis Ababa University School of public health. Official permission was obtained from Adama health bureau, and from respective health institutions in the town before commencing the data collection process. The respondents were informed about the objective and purpose of the study and verbal informed consent was obtained from each respondent. Interview/ Data collection was conducted in a quiet, ventilated, lighted room to respect the study participants' anonymity and boost their confidence on the study and respond to questions freely. Confidentiality was maintained throughout the all process.

#### **4.13 Dissemination and utilization of findings**

The findings of this study will be disseminated to Addis Ababa University School of Public Health, Adama Regional Health Bureau, and respective health authorities'. The findings will also be disseminated to different organizations that will have contributions to improve the Family Planning up take and support health service. Findings will get presented in different seminars and workshops. It may also be published in a scientific journal.

## **5. Result**

### **Socio demographic characteristics of the study population**

Response was obtained from 420 women making the response rate of 99.7%. Of the study subjects, 173(41.2 %) of clients were between 25-29 years of age. The mean age was 27.7\_+5.44SD years with median age of 27 years.

Most of the respondents were orthodox Christians 151(36.0%) followed by protestant which accounts for 140(33.3%) and Muslim and others account for 129(30.7%). Two hundred five (48.8%) of the women have attended secondary school, and 111 (26.4%) attended primary school and only 12(2.9%) of the women have attended college. Many of the participants were Oromo 213(50.7%) in ethnicity. One hundred fifty one (36.0%) were unemployed while 54(12.9%) of them are government employee. 168(40.0%) of their husbands are government employees and 126(30.0%) are self employed. And also 293(69.8%) of their husbands have attended secondary school and 24(5.7%) have attended college.

Table1: Socio-demographic characteristics of postnatal women in Adama ,2016

Variables	Frequency	Percent
<b>Age</b>	<b>n=420</b>	
20-24	25	6.0
25-29	173	41.2
30-34	158	37.6
35-39	57	13.6
40-44	7	1.7
<b>Religion</b>		
Orthodox	151	36.0
Protestant	140	33.3
Muslim	129	30.7
<b>Educational Status</b>		
Illiterate	92	21.9
Primary	111	26.4
Secondary	205	48.8
Tertiary Education	12	2.9
<b>Occupation</b>		
Unemployed	151	36.0
Gov Employee	54	12.9
Self Employed	121	28.8
House Wife	94	22.4
<b>Husband Educational Status</b>		
Primary & Below	103	24.5
Secondary	293	69.8
Tertiary Education	24	5.7
<b>Husband Occupation</b>		
Daily laborer	76	18.1
Self Employed	126	30.0
Gov Employee	168	40.0
Merchant	50	11.9
<b>Monthly income</b>		
1000-2000	148	35.2
>2000	272	64.8

## **Reproductive history of participants**

Majority of the respondents were multipara 204(48.6%) and 113(26.9%) had one living child. Sixty eight (16.2%) of the respondents did not want to have more children while 352(83.8%) of them need to have more children. From all participants, 163(38.8%) want to have child in the next two years and 176(41.9%) did not want to have child in the next two years.

Two hundred sixty five (63.1%) of participants discussed about contraceptive method with their husband and decide jointly on the number of children they need whereas (18.8%) of the respondents reported that number children they want to have is decided by husband.

Majority of the respondents 290(69.0%) did not think that they would be at risk of pregnancy during the first year after giving birth. Above half 258(61.4%) of these mothers plan to use family planning during postpartum period were 32(7.6%) plan to abstain. Risk of pregnancy in the postpartum period was perceived by 130 (31.0%) of the study participants.

The main reasons respondents perceived the risk of pregnancy was failure to use a family planning method 47(11.2%) followed by return of menses 46(11.0%) in the postpartum period. About 20(4.8%) cited failure to adhere or follow family planning method instructions while resumption of sexual activity was reported by 16(3.8%).

Table 2: Reproductive history of study participant, Adama town, 2016

Variables	Frequency	Percent
<b>Parity(n=420)</b>		
Primipara	133	31.6
Multipart	194	46.1
Grandmultipara	93	22.1
<b>Number of abortion</b>		
0	302	71.9
1-2	118	28.0
<b>Desire for more children</b>		
No	68	16.2
Yes	352	83.8
<b>Responsible for deciding no of children</b>		
Husband		
Wife	79	18.8
Both husband and wife	8	1.9
	265	63.1
<b>Postpartum pregnancy risk perception</b>		
No	290	69.0
Yes	130	31.0
<b>Perceived the risk</b>		
Non adhere to FP	20	4.8
Failure to use FP methods	47	11.2
Resumption of sexual activity	16	3.8
Return of menses	46	11.0
<b>Do not Perceived the risk</b>		
Plan to use FP	258	61.4
Avoid sex	32	7.6

### **Comprehensive knowledge of the participants about contraceptive method**

From the total respondents 347(82.6%) have heard at least one modern contraceptive methods.

The most known methods were pill (80.5 %) and the least was permanent method (4.7%). The major source of information about modern contraceptive method was, health profession 287(68.3%) followed by mass media 284(67.6%).

The overall knowledge 63.6% and 36.4% participants have good and poor knowledge about contraceptive, respectively. Three hundred twenty seven (77.9%) of the respondents knew where someone can obtain contraceptive methods. Three hundred fifty four (84.3%) of them had awareness of contraceptive method that it prevent unwanted pregnancy, it prevents possible child and maternal death 190(45.3%), space childbirth 298(71.0%) and limit family size 265(63.1%) (Table 3).

Table 3: Knowledge of family planning among postnatal women in Adama, 2016

Variables	Frequency	Percent
<b>Ever heard of modern contraceptive method (n=420)</b>		
No	73	17.4
Yes	347	82.6
<b>Types of contraceptive method known*</b>		
Oral pill	338	80.5
Emergency pill	63	15.0
Condoms	77	18.3
IUD	283	67.4
Implant	290	69.0
Injectable	333	79.3
Permanent	20	4.7
<b>Source of information*</b>		
Health professionals	287	68.3
Friend, neighbor and relatives	24	5.7
Family, Husband	148	35.2
Mass media	284	67.6
NGO	29	6.9
<b>Purpose of family planning*</b>		
Prevent unwanted pregnancy	354	84.3
Prevents possible child and maternal death	190	45.3
Limit family size	265	63.1
Space childbirth	298	71.0

\*= multiple response

### **Attitude of postnatal women towards contraceptive methods**

There were 6 attitude questions used to assess the attitude of postnatal women towards Contraceptive methods. The items on attitude of participants towards use of contraceptive were scored using a 5-point likert scale with 5 responses. The responses were categorized as; 'strongly disagree', 'disagree', 'not sure', 'agree' and 'strongly agree'. To measure the attitude of the postnatal women towards FP methods two categories were assigned: "Positive Attitude" - those who scored above the mean on attitude items and "Negative Attitude" - those who scored equal or below mean to attitude items.

Accordingly more than half of (56.4%) of the respondents have positive attitude and support use of contraceptives and 43.6% of them ad negative attitude for contraceptive use. 74.5% of respondents reported that their partners decides to use contraceptive while 4.5% said that their husbands/partners are not responsible person to decide use of contraceptive. Majority of the respondents (74.8%) believe that child spacing protects mother and child death whereas; 8.6% of them believe contraceptive side effect dangerous to mother and cause irregular menstrual bleeding. Majority of the respondents (83.1%) agree that use of contraceptive help mother to regain her strength before her next baby.

Table 4: Attitude of study participant about Contraceptive methods, Adama , 2016

<b>Attitude statements</b>	<b>Strongly disagree (%)</b>	<b>Disagree (%)</b>	<b>Indifferent (%)</b>	<b>Strongly Agree (%)</b>	<b>Agree (%)</b>
Husband decides to use contraceptive	1.9	4.5	2.4	74.5	16.7
Birth spacing protects mother and child death	0.2	4.0	6.9	74.8	14.0
Contraceptive method has side effect it will dangerous to mothers	15.0	61.0	15.0	8.6	0.5
FP it will cause loss of confidence b/n couples	8.8	64.8	14.0	-	12.4
Men should share responsibilities of FP use	.5	2.4	9.3	78.0	9.0
Contraceptive help mother to regain strength before her next baby		.7	2.4	83.1	13.8

### Contraceptive use versus contact with a health professional before/after birth

Three hundred fifty two (83.8%) of the study participant have had ANC at least once and 16.2% had not attended antenatal care for their current pregnancy. It is only 25(6.0%) had attend the recommended four and more ANC visit, 173(41.2%) attend two visit. 171(40.7%) of participants have discussion with a health professional about FP during ANC and above half 282(67.1%) of respondents discuss with providers about contraceptive use after delivery (Table 5).

Table 5: Pre natal and postnatal Contraception counseling of study participant, Adama 2016

Variables	Frequency	Percent%
<b>ANC attendance</b>		
No	68	16.2
Yes	352	83.8
<b>Number of ANC visit</b>		
No visit	68	16.2
One visit	12	2.9
Two visit	173	41.2
Three visit	142	33.8
Four and above	25	6.0
<b>Discuss about FP with provider during ANC(n=352)</b>		
No	181	43.0
Yes	171	40.7
<b>Contraceptive methods discuss with providers*</b>		
Condom	61	14.5
Oral pill	172	41.0
Inject able	185	44.0
Implant	172	41.0
IUD	173	41.2
<b>Discuss about FP with provider during PNC</b>		
No	138	32.9
Yes	282	67.1

## Intention to use Postpartum Family Planning

More than half (n=278, 66.2%) of respondents reported that they have an intention to use family planning following current delivery, 142(33.8%) having no intentions to use family planning in the postpartum period. As shown in table 6(n=193, 69.4%) postnatal mother have an intention to start contraceptive after 45 days of delivery while (n=85, 30.5%) of respondent want to use contraceptive immediate after delivery. Majority of (n=108, 25.7%) women were preferred to use injectable, followed by oral contraceptive pill 67(16.0%) and (n=56, 13.3%) of participant preferred implant.

Table 6: Intention to use Post partum family planning among women in Adama, 2016

<b>Variables</b>	<b>Frequency</b>	<b>Percent (%)</b>
<b>Plan to use PFP</b>		
No	142	33.8
Yes	278	66.2
<b>When plan to start</b>		
Immediate after delivery	85	30.5
At 45 days	193	69.4
<b>Preferable method use</b>		
Condom	14	3.3
Oral pill	67	16.0
Inject able	108	25.7
Implant	56	13.3
IUD	33	7.9

The reasons for preferred chosen method as mentioned by the women were 72(17.1%) “Satisfaction with prior use”, (n=52, 12.4%) “Has heard its good”, (n=54, 12.9%) Long term protection, (n=44, 10.5%) too convenient (see figure 2).

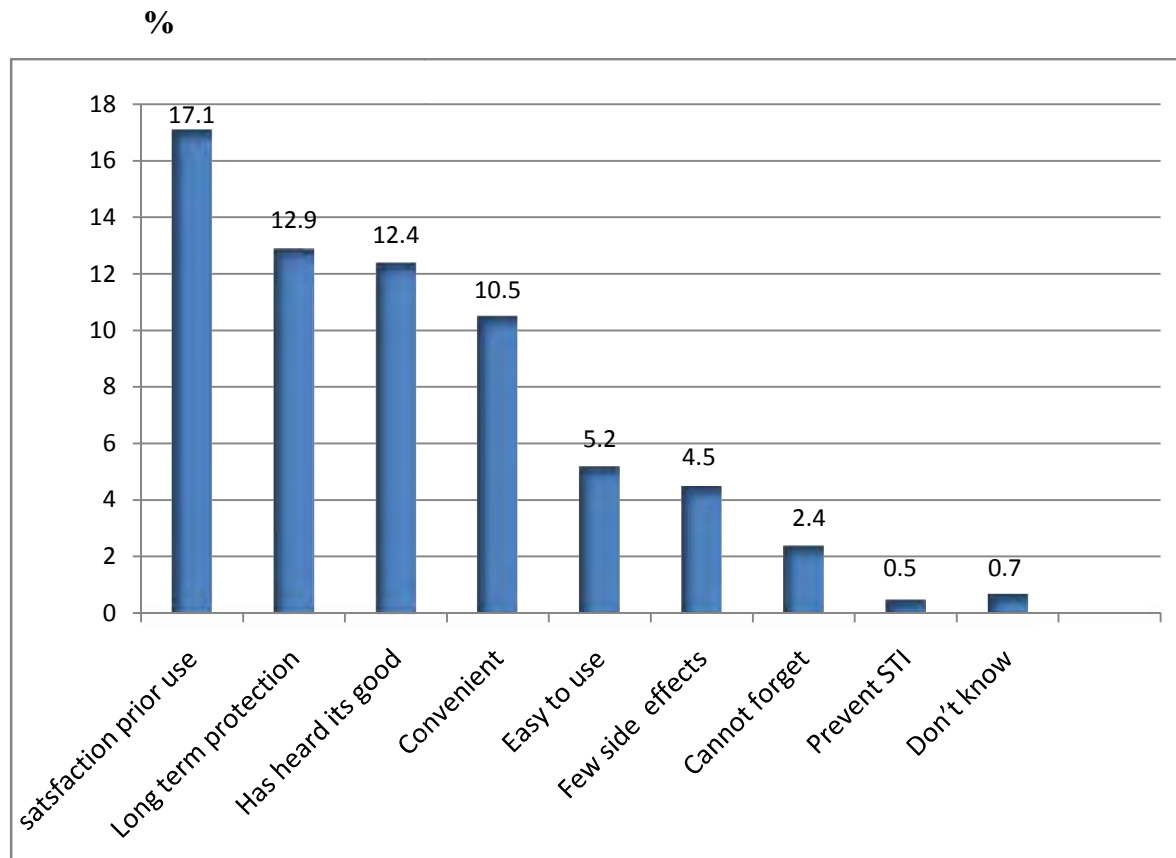


Figure 2. Postnatal mothers mentioned reasons for chosen Post partum family planning methods in Adama, Ethiopia 2016. (n=278)

Reasons mentioned by those women who had no plan to use PFP as shown in figure 3 were Partner opposition (n=42, 10.4%), desire to have another child (n=31, 7.4%), and Plan to abstain (n=33, 7.9%), and lack of knowledge about family planning methods(n=15, 3.5%).

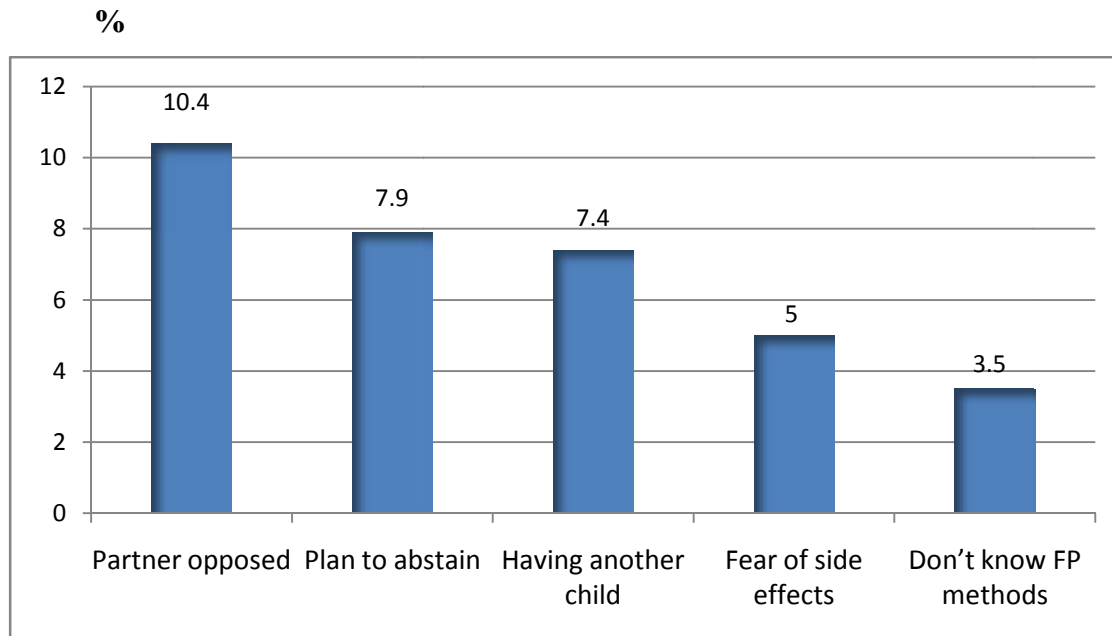


Figure 3. Postnatal mothers mentioned reasons for not plan to use Post partum family planning methods in Adama, Ethiopia 2016. (n=142)

### **Determinants of postpartum contraceptive use**

Age, educational status, occupation, income level, husband education, husband occupation, parity, desire for more children, frequency of ANC visit and discussion with provider during ANC and after delivery, knowledge and attitude towards contraceptive were found to be significant factors of intention to use contraceptive on binary regression model. While occupation of participants, frequency of ANC visit, and desire for more children, discuss with provider after delivery found to be significant on multivariate regression model.

Binary logistic regression model showed that age of mother was significantly associated with intention to use of contraceptive after delivery. Women age 35-39 were two times more likely to intention use contraceptive when compared to women's age 20-24  $COR=2.77(95\% CI=1.04,7.35)$ .

Education level of the mothers was found to be significantly related to the intention to use PFP. The respondents who had secondary education were 2.0 times more likely to be intentioned to use contraceptive compared to mothers with illiterate  $COR=1.99(1.19, 3.31)$ . While those who were government employed were 3.4times more likely to had intention to use PFP compared to those who are house wife with  $COR=3.40(95\%CI =1.53,7.56)$ .

And women who have higher income were twice more likely to intentioned to use contraceptive than those women with low income with  $COR=1.89(95\% CI= 1.25, 2.89)$ . Those women that their husbands' tertiary level education were 3.3 times more likely to plan to use contraceptive after delivery compared to husband with primary education and below  $COR=3.31(95\%CI=1.15, 9.55)$ .

Participants who had Four and above ANC visit 6 times ( $COR=6.2.95\%CI=1.36, 28.91$ ) more likely intention to use compared to those who had no ANC visit. Respondents who want more children in the future less likely to intention to use contraceptive compared to respondents not desire to have more children  $COR=0.44(95\%CI=0.26, 0.74)$ .

It was also found that those who had discuss with provider during ANC and PNC about contraceptive are more likely to have an intention to use contraceptive compared to their counterparts  $COR=1.79(95\%CI=1.16, 2.73)$  and  $COR=3.30(95\%CI=2.15, 5.07)$  respectively.

Participants who had good knowledge of contraceptive 1.5 times (COR=1.59, 95% CI=1.05, 2.43 p value=0.02) more likely intention to use compared to those with poor knowledge. Respondents who had positive attitude towards use FP methods were two times more likely compared to those women of negative attitude COR=1.92(95% CI= 1.39, 2.56).

As shown Table 7 that out of the thirteen variables entered into the logistic model, four variables were significantly related with the intention to use PFP by the mothers.

The table shows that occupation of mother had an association with having an intention to use contraceptive. Mothers who are government employers were 2.81 times more likely to had an intention to use postpartum family planning compared to house wives ((p-values of 0.020, AOR of 2.81; 95%CI (1.15, 6.87)).

Frequency of ANC visits also variables that had significant association with intention to use postpartum family planning among the mothers. Respondents who had two ANC visit were 0.42 times less likely to have an intention to use contraceptive compared to mothers who has four and above ANC visit ((p-values of 0.018, AOR of 0.42; 95%CI (0.20, 0.85)).

Desire for more children was one of the variables that had significant relationship with intention to use postpartum family planning among the mothers. Mothers who had a desire to have more children in the future were 0,45 times less likely to have less intention to use contraceptive compared to mothers who has no desire to have more children ((p-values of 0.013, AOR of 0.45; 95%CI (0.24, 0.84)).

Those mothers who had discussed with provider about family planning after delivery were found to be 2.9 times more likely ad an intention to use contraceptive compared to those who did not had discussion about PFP after delivery (p-value of 0.000, AOR of 2.98; 95% CI of (1.84, 4.82)).

Table 7: Determinants of intention to use Postpartum Family Planning among postnatal married women in Adama Ethiopia, August 2016

Variables	Intention to use contraceptive		COR(95%CI)	AOR(95%CI)
	Yes=278 (n%)	No=142(n%)		
<b>Age</b>				
20-24	12(48.0)	13(52.0)	1.00	1.00
25-29	113(65.3)	60(34.7)	2.04(0.87,4.74)	1.72(0.66,4.43)
30-34	108(68.4)	50(31.6)	2.34(0.99,5.49)	1.89(0.72,4.98)
35-39	41(71.9)	16(28.1)	<b>2.77(1.04,7.35)*</b>	2.62(0.86,7.92)
40-44	4(57.1)	3(42.9)	1.44(0.26,7.82)	2.40(0.34,16.55)
<b>Educational status</b>				
Illiterate	51(55.4)	41(44.6)	1.00	1.00
Primary and below	73(65.8)	38(34.2)	1.54(0.87,2.72)	1.26(0.65,2.43)
Secondary	146(71.2)	59(28.8)	<b>1.99(1.19,3.31)*</b>	1.29(0.69,2.41)
Tertiary	8(66.7)	4(33.3)	1.61(0.45,5.72)	0.82(0.18,3.75)
<b>Occupation</b>				
Unemployed	96(63.6)	55(36.4)	1.35(0.79,2.28)	1.37(0.75,2.50)
Gov employee	44(81.5)	10(18.5)	<b>3.40(1.53,7.56)*</b>	<b>2.81(1.15,6.87)**</b>
Self employee	85(70.2)	36(29.8)	1.82(1.03,3.21)	1.64(0.87,3.12)
House wife	53(56.4)	41(43.6)	1.00	1.00
<b>Husband education</b>				
Primary and below	55(53.4)	46(33.8)	1.00	1.00
Secondary	204(69.6)	89(30.4)	<b>2.00(1.26,3.17)*</b>	1.56(0.86,2.80)
Tertiary	19(79.2)	5(20.8)	<b>3.31(1.15,9.55)*</b>	2.52(0.74,8.57)
<b>Husband occupation</b>				
Daily laborer	38(50)	38(50)	1.00	1.00
Self-employee	89(70.6)	37(29.4)	<b>2.40(1.33,4.34)*</b>	1.45(0.68,3.05)
Gov employee	113(67.3)	55(32.7)	<b>2.05(1.18,3.57)*</b>	1.15(0.76,3.01)
Merchants	38(76.0)	12(24.0)	3.17(1.44,6.97)	2.45(0.97,6.13)
<b>Monthly income</b>				
1000-2000	84(56.8)	64(43.2)	1.00	1.00
>2000	194(71.3)	78(28.7)	<b>1.89(1.24,2.89)*</b>	1.17(0.71,1.94)

Continued....

Variables	Intention to use contraceptive		COR(95%CI)	AOR(95%CI)
	Yes=278 (n%)	No=142(n%)		
<b>Frequency of ANC visit</b>				
No visit	44(64.7)	24(35.3)	0.15(0.03,0.73)	0.33(0.07,1.69)
One	5(41.5)	7(58.3)	0.39(0.11,1.36)	0.41(0.09,1.79)
Two	107(61.8)	66(38.2)	0.88(0.49,1.58)	<b>0.42(0.20,0.85)**</b>
Three	99(69.7)	43(30.3)	1.25(0.68,2.31)	0.63(0.30,1.30)
Four and above	23(92.0)	2(8.0)	1.00	1.00
<b>Parity</b>				
Primipara	77(68.1)	36(31.9)	1.35(0.83,2.19)	1.11(0.57,2.15)
Multipara	76(73.8)	27(26.2)	<b>1.77(1.05,2.99)*</b>	1.23(0.61,2.47)
Grandmultipara	125(61.3)	79(38.7)	1.00	1.00
<b>Desire for more children</b>				
Yes	244(69.3)	108(30.7)	<b>0.44(0.26,0.74)*</b>	<b>0.45(0.24,0.84)**</b>
No	34(50)	34(50)	1.00	1.00
<b>Discuss with provider during ANC</b>				
Yes	152(61.0)	97(39.0)	<b>1.78(1.16,2.73)*</b>	1.29(0.76,2.16)
No	126(73.7)	45(26.3)	1.00	1.00
<b>Discuss with provider after delivery</b>				
Yes	212(75.2)	70(24.8)	<b>3.30(2.15,5.07)*</b>	<b>2.98(1.84,4.82)**</b>
No	66(47.8)	72(52.2)	1.00	1.00
<b>Attitude status</b>				
Positive attitude	156(65.8%)	81(34.2%)	<b>1.92(1.39,2.56)*</b>	1.00(0.63,1.57)
Negative attitude	122(66.7%)	61(33.3%)	1.00	1.00
<b>Knowledge level</b>				
Good knowledge	187(70%)	80(30%)	<b>1.59(1.05,2.43)*</b>	1.21(0.74,1.99)
Poor knowledge	91(59.5%)	62(40.5%)	1.00	1.00

NB: \* for p-value < 0.2 and \*\* for p-value < .05

## 6. Discussion

In this study more than half 66.6% of postnatal women had an intention to use contraceptive. It is in line with the finding of Ethiopia Demographic and Health Survey 2011 where more than half of the women (56%) had intends to use family planning in the future (9).

This finding is high as compared to studies done in Nigeria (44%) and India (49%) (5, 21) and somewhat much less than Kenya 91% (34) However, this may be due to the temporal differences in the methodologies and/or the fact that this study is done on women who are delivered in health centers when there is a high intention to use family planning methods.

Majority of mothers had the intention to use PFP, with preferring injectables contraceptive methods and about 69.4% had plans to adopt a method at 45 days after delivery. Similar findings were also documented in Kenya (18).

In this study occupation status is significant predictor of intention to use contraceptives in the postpartum period. The respondents in government employment are more likely to have an intention to use contraception than those respondents who are house wife. Similar studies done in Kenya and Ethiopia have shown a significant relationship between women's occupation and uptake of family planning (18, 20). Occupation has an influence on the use of family planning methods. Women who spend a lot of time in their work place are more likely to control fertility than women who stay at home.

The findings showed that intention to use of a modern method of contraception during the postpartum period (first year after delivery) is significantly associated with post delivery counseling about family planning. This relationship is consistent with findings reported by other studies in India and Mexico (21, 19).

This study also indicated frequency of ANC visit at least one is higher but more than half of respondents had not attended the recommended four or more antenatal care visit and 16% had no ANC visit at all, while a low proportion received prenatal contraceptive counseling during the antenatal visits. Respondents attending two and above antenatal visits significantly associated the intention to use postpartum family planning (23).

The respondents who have two ANC visit less likely to have an intention to use contraception than those respondents who have four and above visit. This finding is consistent with the results of a study done in Nigeria (23).

The study also revealed that family planning counseling in the antenatal care is an important determinant of contraceptive use. Study participants who had been counseled about FP by their health care providers at antenatal care were two times intention to use contraceptives than those who had not been counseled. The possible explanation would be those women who might have received FP counseling during prenatal care are highly motivated to practice contraceptives. Studies in Mexico and India support this finding (13, 16).

The findings show that the use of a modern method of contraception during the postpartum period is significantly associated with use of Facility delivery and PNC when maternal health care is disaggregated into ANC, institutional delivery and PNC services. This relationship is consistent with findings reported by other studies in India and Mexico (13, 16).

Mothers who knew 3 to 4 modern family planning methods, preferred birth spacing, and had planned for the current pregnancy and those who preferred to discuss about FP with health worker on the method to use had the highest intention and women of reproductive age who have positive attitude more likely to use modern contraceptive compared to those who have negative attitude. This finding is supported by study done in Bangladesh (24).

The present study showed that mothers who had desire for more children in the future have less intention to use modern contraceptive compared to those who have no desire for more children. This finding is supported by study done in Mekele (26).

## **7. Strength and Limitation**

### **Strength**

- Data collectors were trained and encouraged to give some health education regarding PFP and told them about the methods and to respond for their possible questions they raised after they completing the interview.
- The study assessed knowledge on, attitude toward and use of contraceptive among postnatal clients giving evidence on barriers for contraceptive use which can be used by policy makers and program implementers to address the barriers.

### **Limitation**

- The cross-sectional nature of the data made it impossible to reach at the causal relationship between the different independent and outcome variables.
- The study was conducted among women who have attended health centers for Postnatal clinic therefore it might not be representative of the population residing in Adama.

## **9. Conclusion**

This study has revealed that the intention to use contraceptive is significantly higher and the most preferred methods were injectables and pills while the least method was long term methods particularly IUD and implant.

Participant of governmental employee by occupation, intention to use contraceptive three times more likely compared to housewives. According to this study, this might be due to higher educational level (secondary and above) of those employed in government organization had educational level of secondary and above. In turn having higher educational level was related higher intention to use modern contraceptive methods.

Education exposes the mothers to information on methods of birth control and increases understanding on various aspects of contraceptives such as mechanism of action, method specific instructions and side effects.

Contraceptive knowledge was high, almost all of the mothers knew at least one modern contraceptive, with the oral pill being the most known method followed by injectable and preferred birth spacing and those who preferred to discussed health worker on the method. Knowledge on contraceptives enables mother to make informed decision on the method to adopt for PFP.

Majority of the mothers had attended antenatal care; but more than half of the respondents not attending four and above the recommended antenatal visits. Frequency of ANC visit, Post natal mothers occupation status, desire for more children and Discussion with providers about FP after delivery were found to be the main determinants of the intention to use family planning in this study.

This means that their needs for Post partum family planning should be addressed to ensure their intentions translate into actual use, which will reduce the unmet need for PFP in Ethiopia.

## **10. Recommendation**

### **Government level**

- A standard PFP guide line needs to be prepared and needs to be implemented at all health facility level.
- Effort should be made by the government and its partners to improve the knowledge on contraceptive methods particularly on long term methods and to enable mothers to make informed choices by health providers during ANC and postnatal care.
- Enhance the information using different communication strategy like mass media and social marketing.

### **Health facility level**

- Strengthening Anti natal care and postnatal counseling of family planning to improve awareness and knowledge of pregnant women
- Postpartum family planning should be integrated with other maternal health services like ANC, and postnatal care.
- Health workers should also get on job training regarding PFP counseling to provide the information and services

### **Community level**

- Improving community awareness using different strategies about advantage of using PFP during pregnancy and postnatal care
- Adama Health Bearou should continue to work on community mobilization in collaboration with Community Health Workers Army beside HEWs in order to increase community's awareness and change their attitude regarding to Family Planning methods.

### **Researchers**

Further research needs to be undertaken which includes urban, semi urban and rural setting using quantitative and qualitative methods to recognize the factors affecting intention of contraceptive use among postpartum mothers

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## 12. Annexes

### ANNEX I. Structured English Version Questionnaire

#### Information sheet

Hello Ms My name is ----- am here on behalf of Zinash Abraham student of the school of public health in the Addis Ababa University. I am conducting a study on intention to use contraceptive and determinants among postnatal mother in this health center. You are invited to take part in a research study. Before you decide whether to participate, you need to understand why the research is being done and what it would involve. Please take the time to read or to listen as I read the following information. Please ask me if there is anything that is not clear, or if you would like more information. When all of your questions have been answered and you feel that you understand this study, you will be asked if you wish to participate in the study.

#### Purpose of the Study and Study Requirements

The study entitled “*intention to use contraceptive and determinants among postpartum women in health centers of Adama, Ethiopia*”.

According to the research eligibility criteria you are selected as one of study participant by chance as you are admitted postnatal clinic from selected health center. The study will help us to understand contraceptive needs and determinants so that intervention can be done to increase contraceptive coverage. If you agree to take part in the study, you will also be asked to answer questions in relation to child birth, intention to contraceptive use, contraceptive knowledge and your marital status. This will take you about 20 minutes.

**Risks-** An inconvenience may be the time and effort you take to be a participant. You may find one or more questions that we ask to be upsetting or emotionally sensitive. You do not have to respond to any question that makes you uncomfortable.

**Benefits-** There are no direct benefits to you for participating in the study. You may find an indirect benefit in knowing you have participated in an important study that could help others in the future.

**Confidentiality-** The information that is collected during the interview will be kept private. No one will be told that you have participated in the study. The study team will make every effort to protect your privacy and maintain the confidentiality of all the information that you provide. Your name or other identifiers will not be included in reports from this study. Data will be stored

in a computer and locked box dedicated to this study that only the study team can access. We will not share any of your information with your parents.

**Voluntariness-** Your participation in this study is completely voluntary. If you decide not to participate, you will not lose any existing benefits to which you are entitled. If you agree to participate in this study, you may end your participation at any time without penalty or loss of existing benefits to which you are entitled. If you decide to take part, you are free to skip any questions. You are free to withdraw at any time without affecting your relationship with the service providers.

**Additional Information**

The results of the study will be discussed, presented to Addis Ababa university school of public health and Adama regional health bureau. This study has been reviewed by Addis Ababa university ethical committees, if you have a concern about any aspect of the study, you should ask to speak to the researchers who will do their best to answer your questions.

**Name of principal investigator- Zinash Abraham**

**Address-** Addis Ababa, Ethiopia Cell phone: 0911439236 email [nanyzabraham@gmail.com](mailto:nanyzabraham@gmail.com)

If you need more information please contacts: Addis Ababa University (SPH IRB).

**ADDRES**                      Tel +251115157701                      **POBOX** 9086

Name of health facility.....

Name of interviewer \_\_\_\_\_ Signature \_\_\_\_\_

Date of interview (Ethiopian calendar) \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Informed Consent**

You have been already briefly informed about the study and clearly understand the objective.

Now please tell me would you be willing to participate in the study? \_\_\_\_\_ Agree \_\_\_\_\_

Disagree

1. Agreed, Thanks! Conduct the interview

2. Did not agree, Thanks! Proceed to the next eligible participant

### Section 1 Socio- demographic characteristics of the participant

Q.no	Questionnaires	Response	Skip
101	How old are you? age	.....	
102	Have you ever attended school?	1. Yes 2. No	If no skip to 104
103	What is your educational level	1. Primary 2. Secondary 3. Tertiary(certificat/ diploma/degree)	
104	What is your religion?	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Others	
105	What is your ethnicity?	1. Oromo 2. Amhara 3. Tigray 4. others	
106	What is your current marital status?	1. Married 2. Single 3. Divorced 4. Widowed	
107	What is your current occupation?	1. Student 2. Unemployed 3. Government employee 4. Self employee 5. Domestic worker 6. Housewife 7. Others.....	
108	What is educational level of your husband?	1. Primary 2. Secondary 3. Tertiary (certificat/ diploma/degree)	
109	What is your husband occupation?	1.Unemployed 2. Daily laborer 3. Government employee 4.Privet employ 5. Merchant 6. Others.....	
110	What is your average monthly income in ETB?	.....	
111	Where do you live?	1. Adama 2. Out of Adama	

## Section 2 Contraceptive Knowledge of study participant

Q.no	Questionnaires	Response	Skip
201	Have you heard of any contraceptive method?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	If no skip to 204
202	What is source of information?	<ol style="list-style-type: none"> <li>1. Health institution</li> <li>2. Family</li> <li>3. Friend</li> <li>4. Mass media(TV, Radio, etc)</li> <li>5. Nongovernmental organization</li> <li>6. Health extension</li> <li>7. Others specify -----</li> </ol>	
203	Which family planning methods do you know? (CIRCLE ALL MENTIONED BY THE RESPONDENT)	<ol style="list-style-type: none"> <li>1. oral pill</li> <li>2. Emergency pill</li> <li>3. Condoms</li> <li>4. IUD</li> <li>5. Implant</li> <li>6. Injection</li> <li>7. Sterilization/permanent</li> <li>8. Don't know</li> <li>9. Others.....</li> </ol>	
204	Does contraceptive help couples to become responsible parents?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Do not know</li> </ol>	
205	From where someone can obtain the family planning method?	<ol style="list-style-type: none"> <li>1. Public Hospital/health centre</li> <li>2. Private health facility/clinic</li> <li>3. Pharmacy/Drug shop</li> <li>4. Others (specify) .....</li> </ol>	
206	What are the general uses of contraceptive do you know? (CIRCLE ALL MENTIONED BY RESPONDENT)	<ol style="list-style-type: none"> <li>1. Help for prevention of unwanted pregnancies</li> <li>2. Prevention of possible maternal death and ill</li> <li>3. Limiting number of children</li> <li>4. Child spacing</li> <li>5. Others explain .....</li> </ol>	

### Section 3 Attitude towards contraceptive

Q.no	Questionnaires	Response	Skip
301	Husband decides if wife wants to use FP.	1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 5. Indifferent	
302	Child spacing protects mother and child death.	1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 5. Indifferent	
303	FP methods has side effects; it will be dangerous to a mother.	1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 5. Indifferent	
304	Family planning practice will cause a loss of confidence between couples.	1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 5. Indifferent	
305	Men should share the responsibility of family planning use.	1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 5. Indifferent	
306	Modern contraceptive helps a mother to regain her strength before her next baby.	1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 5. Indifferent	

### Section 4 Maternity service and ANC follow up

Q.no	Questionnaires	Response	Skip
401	Did you attend antenatal clinic during pregnancy?	1. Yes 2. No	If No skip to 405
402	How many times did you attend the antenatal clinic?	1. One visit 2. Two visit 3. Three visit 4. Four and more visits	
403	Did any of the health workers inform you about family planning during the antenatal visit?	1. Yes 2. No	
404	Which methods were you informed of during the antenatal visit?	1. Condoms 2. Oral pill 3. Injection 4. Implant 5. IUD 6. Others	
405	Did you counseled about postpartum Family planning after delivery?	1. Yes 2. No	
406	Where did you receive more information about contraceptive methods during this pregnancy?	1. At Antenatal clinic 2. At time of delivery 3. At postnatal clinic 4. I don't know 5. Others.....	
407	When were you advised to start family planning after delivery?	.....	

## Section 5 Reproductive history and Perceived risk of pregnancy

Q.no	Questionnaires	Response	Skip
501	Have you ever get pregnant and give birth other than current delivery?	1. Yes 2. No	If no skip to 505
502	How many live children do you have	.....	
503	How many deliveries do you have including still birth?	.....	
504	How many abortions do you have?	.....	
505	Do you want to have (more) children in the future?	1. Yes 2. No	If no skip to 508
506	Who decide on the number of children you want to have?	1. Husband 2. Wife 3. Both 4. Others (specify).....	
507	When would you like to have the next child?	1. After one year 2. After two years 3. After three years 4. Others specify .....	
508	Do you think you can get pregnant again before this baby is one year old?	1. Yes 2. No	If no skip to 510
509	If yes, why do you think you can get pregnant?	1. Non adherence to family planning method 2. Failure to use family planning 3. Resumption of sexual activity 4. Return of menses 5. Others.....	
510	Why do you think you cannot get pregnant?	1. Plan to use family planning 2. Avoid sex 3. Single 4. Others specify.....	

## Section 6 Intention to use postpartum family planning

Q. no	Questionnaires	Response	Skip
601	Do you plan to use family planning following this delivery?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	If No skip to 606
602	When do you plan to start using the method of choice?	<ol style="list-style-type: none"> <li>1. Immediately after delivery</li> <li>2. 6 weeks after delivery</li> <li>3. 6 months after delivery</li> <li>4. Others (specify) .....</li> </ol>	
603	Whom do you prefer to talk to about family planning methods?	<ol style="list-style-type: none"> <li>1. Friend</li> <li>2. Relative (specify).....</li> <li>3. Spouse</li> <li>4. Neighbor</li> <li>5. Health worker</li> <li>6. Others specify.....</li> </ol>	
604	Which FP method would you like to use?	<ol style="list-style-type: none"> <li>1. Condoms</li> <li>2. Oral pill</li> <li>3. Injection</li> <li>4. Implant</li> <li>5. IUD</li> <li>6. Sterilization/permanent</li> <li>7. Don't know</li> <li>8. Others (specify) .....</li> </ol>	
605	Why do you prefer the chosen method?	<ol style="list-style-type: none"> <li>1. Convenience</li> <li>2. Few side effects</li> <li>3. Cannot forget</li> <li>4. Satisfaction with prior use</li> <li>5. Has heard its good</li> <li>6. Easy to use</li> <li>7. Long term protection</li> <li>8. Prevent STI</li> <li>9. Don't know</li> <li>10. Others.....</li> </ol>	
606	Why don't you want to use family planning after delivery?	<ol style="list-style-type: none"> <li>1. Fear of side effects</li> <li>2. Having another child</li> <li>3. Husband/partner opposed</li> <li>4. Not married</li> <li>5. Plan to abstain/avoid sex</li> <li>6. Don't know FP methods</li> <li>7. Religious restrictions</li> <li>8. Others (specify).....</li> </ol>	



**ክፍል አንድ:- ማህበራዊ እና ስነ ህዝብ መረጃ**

ተ.ቁ	ጥያቄዎች	መልሶች	ወደሚቀጥለው ጥያቄ ሂደት
101	እድሜዎ በሙሉ አመት ስንት ነው::		
102	መደበኛ ትምህርት ቤት ገብተው ያውቃሉ	1. አዎ 2. የለም	መልሱ 2 ከሆነ ወደ ጥያቄ 104 ያሂዱ
103	መልሶም አዎ ከሆነ እስከ ምን ደረጃ ተምረዋል	1. የመጀመሪያ ደረጃ 2. ሁለተኛ ደረጃ 3. ኮሌጅ ወይም ዩንቨርሲቲ	
104	ሀይማኖትዎ ምንድን ነው/	1. ኦርቶዶክስ 2. ሙስሊም 3. ፕሮቴስታንት 4. ካቶሊክ 5. ሌላ ካለ	
105	ብሄርዎ /ዘርዎ ምንድን ነው	1. ኦሮሞ 2. አማራ 3. ትግራይ 4. ሌላ ካለ ይገለጽ	
106	በአሁኑ ሰዓት የትዳር ሁኔታዎ ምንድን ነው	1. ያገባች 2. ያላገባች 3. የተፋታች 4. የሞተባች	
107	በአሁኑ ወቅት ያሉበት የስራ አይነት ምንድን ነው	1. ተማሪ 2. ስራ የሌለው 3. የመንግስት ሰራተኛ 4. የግል ሰራተኛ 5. የቤት ሰራተኛ 6. የቤት እመቤት 7. ሌላ ካለ.....	
108	በአሁኑ ወቅት የባለቤትሽ የስራ አይነት ምንድን ነው	1. ስራ የሌለው 2. የቀን ሰራተኛ 3. የመንግስት ሰራተኛ 4. የግል ሰራተኛ 5. ነጋዴ 6. ሌላ ካለ	
109	የባለቤትሽ የትምህርት ደረጃ	1. የመጀመሪያ ደረጃ 2. ሁለተኛ ደረጃ 3. ኮሌጅ ወይም ዩንቨርሲቲ	
110	የቤተሰብ የወር ገቢዎ በኢትዮጵያ ብር ስንት ይሆናል	.....	
111	የመኖሪያ አድራሻዎ የት ነው	1. አዳማ 2. ከአዳማ ውጪ	

**ክፍል ሁለት፡- እናቶች ስለ ቤተሰብ ምጣኔአገልግሎት ያላቸው እውቀት**

ተ.ቁ	ጥያቄዎች	መልሶች	ወዲሚቀጥለው ጥያቄ ዝለል
201	ከዚህ በፊት ስለቤተሰብ እቅድ ዘዴዎች ሰምተው ያውቃሉ	<ol style="list-style-type: none"> <li>1. አዎ</li> <li>2. አላውቅም</li> </ol>	መልሱ 2 ከሆነ ወደ ጥያቄ 204 ሂዱ
202	መልሱ አዎ ከሆነ ከየት ነው የሰሙት	<ol style="list-style-type: none"> <li>1. ከጤናባለሞያዎች</li> <li>2. ዘመዶቹ</li> <li>3. ጓደኛ</li> <li>4. በቴሌቪዥን( በሬድዮ)</li> <li>5. መንግስታዊ ካልሆነ ጤናተቋም</li> <li>6. ሌላ ካለ.....</li> </ol>	
203	የትኛውን የቤተሰብ እቅድ ዘዴ ነው የሚያውቁት	<ol style="list-style-type: none"> <li>1. በአፍ የሚዋጥ እንክብል</li> <li>2. የድንገተኛ መከላከያ ኪኒን</li> <li>3. ኮንዶም</li> <li>4. በመሀፀን የሚቀመጥ</li> <li>5. በክንድ ስር የሚቀበር</li> <li>6. የሦስት ወር መርፌ</li> <li>7. የሴት ማህፀን ቱቦ ማስቋጠር</li> <li>8. ምን አላውቅም</li> <li>9. ሌላ ካለ.....</li> </ol>	
204	የቤተሰብ እቅድ ዘዴ መጠቀም ወላጆችን ሀላፊነት እንዲሰማቸው ያደርጋል	<ol style="list-style-type: none"> <li>1. አዎ</li> <li>2. አያደርግም</li> <li>3. አላውቅም</li> </ol>	
205	የቤተሰብ እቅድ ዘዴዎች ከየት ነው የሚገኙት	<ol style="list-style-type: none"> <li>1. ከመንግስት ሆስፒታል (ጤና ጣቢያ)</li> <li>2. ከግል ጤና ተቋም</li> <li>3. ከፋርማሲ ገዝቼ</li> <li>4. ሌላ ካለ.....</li> </ol>	
206	የቤተሰብ እቅድ ዘዴ ጥቅሞች ምን ምን ናቸው	<ol style="list-style-type: none"> <li>1. ያልተፈለገ እርግዝና ለመከላከል</li> <li>2. የእናቶች ሞት እና ህመም ለመቀነስ</li> <li>3. የቤተሰብዎ ብዛት ለመወሰን</li> <li>4. አራርቆ ለመውለድ</li> <li>5. ሌላካለ.....</li> </ol>	

**ክፍል ሦስት፡- እናቶች ስለ ቤተሰብ ምጣኔአገልግሎት ያላቸው አመለካከት**

ተ.ቁ	ጥያቄዎች	መልሶች	ወደ ሚቀጥለው ጥያቄ ዝለል
301	ሚስት የቤተሰብ እቅድ ዘዴ መውሰድ ብትፈልግ ባለቤተ መወሰን አለበት	<ol style="list-style-type: none"> <li>1. በጣም እስማማለው</li> <li>2. እስማማለው</li> <li>3. አልስማማም</li> <li>4. በጣም አልስማማም</li> <li>5. አላውቅም</li> </ol>	
302	አራርቆ መውለድ እናት እና ልጅ ከሞት ያድናል	<ol style="list-style-type: none"> <li>1. በጣም እስማማለው</li> <li>2. እስማማለው</li> <li>3. አልስማማም</li> <li>4. በጣም አልስማማም</li> <li>5. አላውቅም</li> </ol>	
303	የቤተሰብ እቅድ ዘዴዎች የጎንዮሽ ችግር ለእናቶች አደገኛ ነው	<ol style="list-style-type: none"> <li>1. በጣም እስማማለው</li> <li>2. እስማማለው</li> <li>3. አልስማማም</li> <li>4. በጣም አልስማማም</li> <li>5. አላውቅም</li> </ol>	
304	የቤተሰብ እቅድ ዘዴ መጠቀም በባለትዳሮች መካከል አለመተማመን ያመጣል	<ol style="list-style-type: none"> <li>1. በጣም እስማማለው</li> <li>2. እስማማለው</li> <li>3. አልስማማም</li> <li>4. በጣም አልስማማም</li> <li>5. አላውቅም</li> </ol>	
305	ወንዶች የቤተሰብ እቅድ ዘዴዎች ላይ ሀላፊነት መጋራት አለባቸው	<ol style="list-style-type: none"> <li>1. በጣም እስማማለው</li> <li>2. እስማማለው</li> <li>3. አልስማማም</li> <li>4. በጣም አልስማማም</li> <li>5. አላውቅም</li> </ol>	
306	እናቶች የቤተሰብ እቅድ ዘዴ መጠቀማቸው እንደገና ሰውነታቸው እንዲጠነክር እና ለሚቀጥለው ልጅ ዝግጅ እንዲሆኑ ይረዳል	<ol style="list-style-type: none"> <li>1. በጣም እስማማለው</li> <li>2. እስማማለው</li> <li>3. አልስማማም</li> <li>4. በጣም አልስማማም</li> <li>5. አላውቅም</li> </ol>	

**ክፍል አራት፡- የወሊድ አገልግሎት እና የቅድመ ወሊድ አገልግሎት**

ተ.ቁ	ጥያቄዎች	መልሶች	ወደ ሚቀጥለው ጥያቄ ዝለል
401	የቅድመወሊድ አገልግሎት ክትትል አድረገው ነበር	<ol style="list-style-type: none"> <li>1. አዎ</li> <li>2. የለም</li> </ol>	መልሱ 2 ከሆነ ወደ ጥያቄው 405 ይሂዱ
402	ከወሊድ በፊት ሰንት የእርግዝና ክትትል ነበርዎት	<ol style="list-style-type: none"> <li>1. አንድ ጊዜ</li> <li>2. ሁለት ጊዜ</li> <li>3. ሦስት ጊዜ</li> <li>4. አራት ጊዜ</li> </ol>	
403	በቅድመ ወሊድ ክትትል ጊዜ ከጤና ባለሙያዎች ስለ ቤተሰብ ምጣኔ አገልግሎት ምክር አግኝተው ነበር	<ol style="list-style-type: none"> <li>1. አዎ</li> <li>2. የለም</li> </ol>	
404	የትኛውን የቤተሰብ እቅድ ዘዴ ነበር የተናገሩት (ከአንድ በላይ ለመልስ ይቻላል) በወሊድ አገልግሎት በቅድመ ወሊድ ክትትል	<ol style="list-style-type: none"> <li>1. ኮንዶም</li> <li>2. በአፍ የሚዋጥ ኪኒን</li> <li>3. በመርፊ የሚሰጥ</li> <li>4. በክንድ የሚቀበር</li> <li>5. በመሀጸን የሚቀመጥ</li> <li>6. ሌላ ካለ</li> </ol>	
405	ስለቤተሰብ እቅድ ዘዴዎች ከወሊድ በኋላ መረጃ አግኝተዋል	<ol style="list-style-type: none"> <li>1. አዎ</li> <li>2. የለም</li> </ol>	
406	ስለ ቤተሰብ ምጣኔ አገልግሎት አጠቃቀም በየትኛው ክፍሎች ተጠይቀው ያውቃሉ	<ol style="list-style-type: none"> <li>1. የድህረ ወሊድ ክትትል</li> <li>2. በወሊድ አገልግሎት ጊዜ</li> <li>3. በቅድመ ወሊድ ክትትል</li> <li>4. አላውቅም</li> <li>5. ሌላ ካለ</li> </ol>	
407	ከወሊድ በኋላ የቤተሰብ እቅድ ዘዴ መቼ ነው የሚጀመረው	.....	

**ክፍል አምስት፡- ስለ ስነ-ተዋልዶ እና በድህረ ወሊድ ጊዜ ስለሚኖረ እርግዝና ተጋላጭነት**

501	ስለሁኑ ልጅዎት ሌላ አርግዘው እና ወልደው ያውቀሉ?	1. አዎ 2. አላውቅም	መልስ 2 ከሆነ ወደጥያቄ 505 ሂዱ
502	ስንት-ልጆች በህይወት አሎት	.....	
503	ስንት-ልጆች ወልደዋል ሞቶ የተወለደ ጨምሮ	.....	
504	ስንት-ጊዜ አስወርዶት ያውቃል	.....	
505	ወደፊት ሌላ ልጅ እንዲኖሮት ይፈልጋሉ	1. አዎ 2. አልፈልግም	መልስ 2 ከሆነ ወደጥያቄ 508 ሂዱ
506	መውለድ የምትፈልገው ልጆች ብዛት በማን ነው የሚወሰነው	1. በባለቤቴ 2. በእኔ 3. ሁለታችንም 4. ሌላ ካለ	
507	የሚቀጥለውን ልጅ መቼ ለመውለድ አስበዋል	1. ከአንድ አመት በኋላ 2. ከሁለት አመት በኋላ 3. ከሶስት አመት በኋላ 4. ሌላ ካለ.....	
508	የአሁኑ ልጅዎት አንድ አመት ሳይሞላው ሌላ እርግዝና ሊከሰት ይችላል ብለው ያስባሉ	1. አዎ 2. አይችልም	መልስ 2 ከሆነ ወደጥያቄ 510 ሂዱ
509	መልስ አዎ ከሆኑ እንዴ እንደዚህ ሊያስቡ ቻሉ	1. ከመከላከያ መድኃኒት ጋ ቁረኝነት የለኝም ብዬ ስለማስብ 2. የቤተሰብ እቅድ ዘዴው ሳይሰራ ይችላል-ብዬ ስለማስብ 3. የወር አበባዬ ተመልሶ ከመጣ 4. የግብረሰጋ ግኑኝነት ስለሚኖረኝ 5. ሌላ ካለ.....	
510	እንዴት እርግዝና ሊከሰት አይችልም ብለው ሊያስቡ ቻሉ	1. የቤተሰብ እቅድ ዘዴ መጠቀም ስላሰብኩ 2. የግብረ ሰጋ ግኑኝነት ስለማይኖረኝ 3. ጡት ስለማጠባ 4. የወር አበባዬ ስለማይመጣ	

	5. ሌላ ካለ.....	
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**ክፍል ስድስት:- እናቶች በድህረ ወሊድ ጊዜ ስለቤተሰብ ምጣኔ አገልግሎት ያላቸው ሃሳብ እና ፍላጎት**

ተ.ቁ	ጥያቄዎች	መልሶች	ወደ ሚቀጥለው ጥያቄ ዝለል
601	ለወደፊቱ የቤተሰብ ምጣኔ አገልግሎት እጠቀማለሁ ብለው ያስባሉ	<ol style="list-style-type: none"> <li>1. አዎ</li> <li>2. አላስብም</li> </ol>	መልሱ 2 ከሆነ ወደ ጥያቄ 606 ይሂዱ
602	ስለቤተሰብ ምጣኔ አገልግሎት ዘዴዎች ከማን ጋር ቢነጋገሩ ይፈልጋሉ	<ol style="list-style-type: none"> <li>1. ከጓደኛ</li> <li>2. ከዘመድ</li> <li>3. ከባለቤቱ ጋር</li> <li>4. ከጎረቤት</li> <li>5. ከጤና ባለሙያዎች ጋር</li> <li>6. ሌላ ካለ.....</li> </ol>	
603	የትኛውን የቤተሰብ እቅድ ዘዴ ነው መጠቀም የፈለጉት	<ol style="list-style-type: none"> <li>1. ኮንደም</li> <li>2. በአፍ የሚዋጥ ኪኒን</li> <li>3. በመርፌ የሚሰጥ</li> <li>4. በክንድ ስር የሚቀበር</li> <li>5. በመሀጸን ውስጥ የሚቀመጥ</li> <li>6. አላውቅም</li> <li>7. ሌላ ካለ.....</li> </ol>	
604	ለምንድን ነው ይህን ልትመርጧል የቻልሽው	<ol style="list-style-type: none"> <li>1. ለሦስት ወር ብቻ ስለሆነ</li> <li>2. የመድኃኒት የጎንዮሽ ችግር ስለሌለው</li> <li>3. ስለማይረገግ</li> <li>4. በፊት ስለምጠቀመው</li> <li>5. ጥሩ ነው ሲሉ ስለምሰማ</li> <li>6. ለመውሰድ ቀላል ስለሆነ</li> <li>7. ለመረጃም አመት ስለሚሆን</li> <li>8. የአባላዘር በሽታ ስለሚከላከል</li> <li>9. አላውቅም</li> <li>10. ሌላ ካለ.....</li> </ol>	
605	የቤተሰብ እቅድ ዘዴውን መቼ ነው ለመውሰድ ያስቡት	<ol style="list-style-type: none"> <li>1. ወዲያው እንደወለድኩ</li> <li>2. ከወለድኩ ከ6 ወር በኋላ</li> <li>3. አላውቅም</li> <li>4. ሌላ ካለ.....</li> </ol>	
606	የቤተሰብ እቅድ ዘዴ መጠቀም የማይፈልጉት ለምንድነው	<ol style="list-style-type: none"> <li>1. የመድሀኒት የጎንዮሽ ችግር ስላለው</li> <li>2. ባለቤቱ ስለሚቃወመኝ</li> <li>3. ብቻዬን ስለምኖር</li> <li>4. የግብረሰጋ ግንኙነት ስለማይኖረኝ</li> <li>5. ስለቤተሰብ ምጣኔ ዘዴዎችን ስለማላውቅ</li> <li>6. የሃይማኖት አባቶች ስለሚከለክሉ</li> <li>7. ሌላ ካለ.....</li> </ol>	

