ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

PSYCHO-SOCIAL DETERMINANTS OF WOMEN'S MODERN CONTRACEPIVE USE IN DEJEN WOREDA

A Thesis Submitted to the School of Graduate Studies of Addis Ababa University in Partial Fulfillment of the Requirements for the Degree of Master of Arts in Social Psychology.

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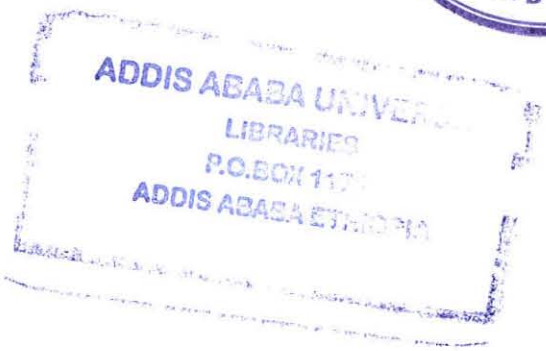

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ACRONYMS and ABREVATIONS

CSA-Central Statistical Authority

EPP-Ethiopian Population Policy

FGAE-Family Guidance Association of Ethiopia

FP- Family Planning

FPP- Family Planning Program

ICDR-Institute of Curriculum Development and Research

IUD-Intra Uterine Device

MCM- Modern Contraceptive Method

MOH- Ministry of Health

NOP- National Office of Population

UN- United Nation

UNECA- United Nation Economic Commission for Africa

UNPF- United Nation Population Fund

U.SDHHS-United States Department of Health and Human Service

WHO- World Health Organization

ABSTRACT

Ethiopia is characterized by rapid population growth rate. This rapid increase in population growth creates major social and economic problem. Only a small proportion of women use modern contraceptive methods (MCM). The reasons for non use of MCM could be of social, economical and psychological characteristics of women.

The overall objectives of this study was to investigate and examine factors that affect the use of MCM among married women in age group of 15-49 years living with husbands in Dejen Woreda. In order to assess the objective of the study causal study design was used. Primary data was collected from sampled women using structured questionnaire. The total number of women selected and interviewed was 750. The sampling techniques employed for this study were mainly stratified random sampling procedures.

The statistical tools used to analysis the data include univariate, bivariate and multivariate analysis. Univariate is used to describe the social and psychological characteristics of the respondents. Bivariate was used to assess the relationship of the independent variables and dependent variable by using chi-square test. A logit analysis was run to investigate factors affecting use of MCM in the study area.

The study indicated that the proportion of women who have currently used MCM were found to be 42.7 percent while the majority of the women reported to have not used a method at the time of the survey. As reported by respondents the main reason for current non use of MC was the desire to have additional children followed by fear of method's side effects. The findings of the study showed that the bivariate result of all tested variables is significant in different level of significance. At multi-variete level, among the factors considered in the specification of the model, nine were found to significantly influence women's decisions to use MCM. Out of these, women's attitude, communication, and perception of side effects are most powerful determinant variables.

Most women in this study were not using MCM, thus programs to increase contraceptive use should focus on improving the status of women through education, employment and health.

CHAPTER ONE

INTROUDCTION

1.1 Background of the study

The need for fertility regulation arose mainly in response to economic, health, social and psychological problems (Roy & Rao, 1985). This is because population growth is one of the most serious social problems. At the end of the 20th century, the population size of the world as a whole had reached 6.1 billion and the birth and death rates per one thousand people were 23.2 and 8.9 percent respectively, and the population growth rate was 1.43 percent (WB, 1995). This report also revealed that out of the total population of the world, 1.3 billion people that accounted for only 21 percent are found in the developed countries, where as 4.8 billion persons that shared 79 percent of the world population is found in developing countries.

Among the developing countries, African population is 0.8 billion that has a share of 13.11 percent of the world's population and 16.67 percent of the developing countries. Ethiopia is one of the developing countries which has a highly growing population and the demand for food of its population is ever expanding. Over 85 percent of Ethiopians live in rural areas where income largely derived from agriculture is very low and subject to the vagaries of nature. This mismatches between population growth and economic development. This imbalance creates poverty, famine; even it leads to a large number of infant, child and maternal mortality (WB).

Furthermore, the increment of population also raises the amount of working age population (between ages 15-65). As Sisay (1998) reports working age population increased from 47.4 percent in 1884 to 52.5 percent in 1994 from entire population. This indicates that unless there is

dramatic change on the present economic and social conditions, the proportion of unemployment will continue to grow. So the rapid population growth, unless controlled by using different approaches, will exaggerate the existing food shortage, environmental degradation, unemployment and other welfare problems of the society. To overcome the above problems, there are different approaches like family planning. "Family planning is a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitudes and responsible decision by individual and couples....."(WHO, 1971, P .1223).

According to Shanugam (1998), family planning is an important social practice. Furthermore, family planning among other things, would help to have medium family size by decreasing fertility, improve the health of mother and children, and prevent unwanted pregnancies which may lead to large number of maternal mortality (MOH, 1992).

One of the principal means for ensuring a decline in fertility is an organized family planning programs (Strikanta, 1977). This activity includes the provision of necessary information about the utility of family planning, motivating married couples to become family planners and offering them contraceptive services. Thus, a family planning program aims to popularize the concept of family planning and thereby create an adequate demand for contraceptive services. The second is to meet the demand by making available contraceptive services, which is the supply aspect of the program (Roy and Rao, 1985).

Today a wide variety of contraceptive methods are available for fertility regulation. Use of contraception to space or avoid unwanted pregnancies would reduce the incidence of illegal abortions as well as maternal deaths due to such abortions.

Contraceptive methods are classified as modern or traditional. Among the modern methods include; the pill, intrauterine device (IUDs) injection,

vaginal methods (diaphragm, foam tables, jelly), condom, male sterilization (vasectomy), female sterilization and Norplant. Traditional methods were classified as periodic abstinence (also called the rhythm method or calendar method), withdrawal and other methods (UNECA, 1995). Different evidences show that there is a demand for contraceptive use for spacing births as well as for limiting births. Many married women have indicated that they either do not want any more children or want to delay future births. Unfortunately, most of those women are not using any contraceptive method. World wide contraceptive prevalence (the percentage of married women currently using contraception) is estimated to be 58 percent in 1993, with average levels of use in the more developed regions at 70 percent and in the less developed regions at 55 percent. Among the less developed areas, contraceptive prevalence is lowest in Africa, where on average only one out of five married couples is currently using a contraceptive (UN, 1998).

Couples and individuals are unable to regulate this fertility effectively due to various factors. Lack of access to available contraceptive is one of the major factors. Even when family planning service is easily available, social, cultural, economical and psychological factors influence the use of existing methods of contraceptives.

According to Cald Well (1975) certain factors serve as disincentives or obstacles to the use of contraceptives. Among the factors commonly cited are: weakly held fertility preferences; little perceived risk of conceiving; lack of knowledge of modern contraception; perceptions that practicing contraception is socially and culturally unacceptable; fear of contraceptive effects on health; inadequate family planning; and opposition from husband, other kin, and other community members.

In order for the modern contraceptive to be adapted, the strategies should be appropriate to the social, economical and psychological conditions of users. Otherwise the energy, time and resources devoted to the service will

be of no use. It is therefore relevant to identity the specific factors affecting the use of modern contraceptive methods. With this background the researcher conducted this study in Dejen Woreda, Eastern Gojam Zone.

1.2 Statement of the Problem

A rapid population growth has become a critical concern of the world. It is also a serious problem in Ethiopia, which is one of the developing countries. Ethiopia is under high fertility rate, high infant and maternal mortality rate, high population growth, low contraceptive use and short doubling time of the number of people. Under these circumstances the attainment of important national goals such as food self-sufficiency, universal primary education, improved access to modern health care services, increasing labor productivity, creating enough jobs to provide employment to new entrants to the labor force etc., would be impossible without tackling population growth.

Since family planning is one method to solve the above problem, it is observed that contraceptive prevalence rate at national level is too low to reduce high fertility rate.

In fact, government and non-government organizations working in the area of family planning have been trying to address the issue by provision of different family planning services. However, the activities that to have been designed to address the problems of family planning are not supported by studies, particularly the psychological aspects.

The social science researchers associated with family planning have focused on predicting contraceptive use or not use rather than identifying those affecting factors. Even recent studies on modern contraceptive use have shown that contraceptive behavior is highly correlated with socio-economic variables. This implies that there is a lack of emphasis on the psychological factors which affect modern contraceptive use. Since social, psychological, economic and other variables are motivating factors for

having highest fertility rate; this study is more concerned with identifying social and psychological factors that affect the use of modern contraceptive methods.

1.3 Research Questions

This research aimed to examine how much the social and psychological variables explain the differentials in modern contraceptive behavior of married women in the age group of 15-49 living with husband. Accordingly, the study addresses the following specific questions:

1. What are the social, psychological and contraceptive practice characteristics of women?
2. Are Psycho-social characteristics, such as the place of residence, education, religion, desire for more children, knowledge of MCM, attitude towards MCM, and husband - wife communication on MCM issue related to modern contraceptive use?
3. Which Psycho-social variables make the greatest independent contribution in explaining favorable characteristics to modern contraceptive usage?

1.4 Objectives of the study

The overall objective of the study was to examine the degree of association between social and psychological variables, and modern contraception use; and to specifically determine the factors that affect the use of MC among married women in the age group of 15-49 living with husbands. The specific objectives were to:

- Examine the characteristics of modern contraceptive using and not using women.
- Identify social and psychological factors that affect the usage of MCM.
- Examine the extent to which the social and psychological factors are related to MC use.

- Identify the strongest predictable variable from social and psychological variables.

1.5 Research Hypotheses

To achieve the above stated objectives, the researcher formulated the following leading research hypotheses:-

1. Education has a positive relationship with modern contraceptive use.
2. There is a direct relationship between number of living children and modern contraceptive use.
3. The incident of modern contraceptive usage is higher among women whose husbands have favorable attitude towards modern methods.
4. Women who had discussion with their husband about modern contraceptive issue are more likely to use modern contraceptives.
5. Husband-wife communication and attitude of women are highly significant variables in terms of predicting modern contraceptive use.

1.6 Operational Definition of Terms

Different scholars and researchers differently use concepts during a research work. To overcome the problem the terms must be defined in the context of the study. Therefore, the terms for this study are defined in the following manner.

- Contraceptive – refers to a birth control by the use of devices (Pill, IUD, Condom, Rhythm method, etc).
- Modern contraceptive – include the Pill, Intrauterine Device (IUDs), Injection, Vaginal methods (diaphragm, foam tubules), Condom, Male sterilization (Vasectomy), Female sterilization and Nor plant.

- Non user – Married women in the age group of 15-49 living with husbands who have not used modern contraceptive at the time of the study (i.e. both drop outs and never users).
- Current use of modern contraceptive methods – the actual modern contraceptive use at the time of the survey, whether the concern of the user is permanent cessation of childbearing or a desire to space births.

1.7 Significance of the Study

The result of the study will help to generate useful and practical information about factors that are more significant to modern contraceptive use of married women. It will also be expected to be useful to all concerned parties to give attention to those social and psychological determinants of modern contraceptive usage in order to design an appropriate intervention program or strategy on family planning related issues. Moreover, the use of this research extends for researchers and professionals. It can be a tool for further research in the area of family planning programs.

1.8 Scope of the study

Research on contraceptive behavior requires a large study on different groups of the study area. But in order the study to be more manageable, its scope is delimited to married women of age 15-49 living with husbands. They are more vulnerable to risk of unwanted pregnancy and reproductive health issue than their male counterparts for various reasons. Moreover, women between the ages of 15-49 years, in this study, were selected on the assumption that the fertility rate is high in this group.

Married women living with their husbands were selected because in the study area women are expected to bear children after marriage. Regarding contraceptive methods, this research did not study traditional methods. Rather it addresses only modern contraceptive methods. This is because

women are much likely to have used a modern method than a traditional method. For example, 23 percent married women have used a modern method at some time compared with 2 percent who have used a traditional method (CSA, 2005). Similarly, even though condom is one of the major modern contraceptive methods, it was not included in the final analysis of this study.

Therefore, this research does not aim to provide a comprehensive picture of contraceptive practice of all women in the study area, but rather provide some important direction to other researchers who may supplement this with future research and operational effort and to make recommendations that service providers may wish to consider.

1.9 Limitation of the study

In general family planning issue is a wide, complex and sensitive issue. To study in detail it requires large number of sample from the total population size, but it is not simple to cover wider range of area and to assess all determinant factors because of the following limitations. The first limitation of the study is the constraints of working budget. Another is lack of sufficient and reliable information with regard to the actual number of population in the study area.

CHAPTER TWO

REVIEW LITERATURE

This chapter focuses on reviewing various literature which are assumed to have relevance to the study .Thus, the organization of this chapter is based on the following major topics.

The first section deals with overview of population size and growth, following this, fertility and family planning program, and the last section reviews basic concepts of modern contraceptive and factors that affect contraceptive behavior.

2.1 Overview of population

2.1.1 Population size and growth

The 1961 U.N Statistical Year Book shows that the world population passed the three billion mark in 1961. Until 1700 the world's population grew only slowly. Over the next 200 years, its growth became more and more rapid. According to U.N world demography estimated and projections as assessed in 1980, the total population of the world was estimated to be 4, 432 million for 1980, with an annual growth rate of 1.7 percent. This rate appears to be in line with the gradual declining trend that began around the middle of the 1960s when the world population was growing at an estimated rate of 2.0 percent (CSA, 2001). The total population of the world will be approximately 6-8 billion in the developing countries in the year 2025, with a rate of growth of 1.8 or about half the current rate (UNPF, 1994). On the other hand, a total population of about 1.4 billion is projected for the developed countries, and their growth rate is estimated at 0.2 percent or virtually nil. This implies that, developed countries have low rate population growth than developing countries which means; today population growth is the fastest in the countries of Asia, Africa, and Latin America. Africa's annual population growth rate of 2.9 percent establishes it as the fastest growing

region of the world. Asia and Latin America have grown at about 1.8 percent per year, North America at about 1.1 percent per year, and Europe is lowest with 0.3 percent (UNPF).

Ethiopia has remained one of the least developed in Africa. It experiences an annual fast population growth. Such a fast rate of population growth , which is basically due to the high fertility rate, will result in large population size that should double itself within a period of less than a quarter of a century. The shorter the doubling time, the worse the impact of population growth on existing natural resources and the environment will be. The first census of 9th May, 1984 put the countries population at 40 million. According to the reconstructed estimate made based on this census, the population of Ethiopia was about 11 million in 1900 by 1960, after 60 years, the population had doubled to 22 million by 1987, only 27 years after that , the population has once again developed to 44 million. According to the second census conducted on 11th October, 1994, Ethiopia had a total population of 53.5 million (NOP, 2000).

In line with this idea the medium variant projection of CSA indicts that in 1999 the population of Ethiopia exceeded 61.6 million, if the present trends continue, there will be another 26 .4 million people to make a total of 88 million by the year 2021, which is the third doubling from 1987 in a period of 25 years. The least estimates and projection of the United Nation 1998 revision also show that the population of Ethiopia is projected to raise and reach 128 million by years 2030 (NOP, 2000). According to the CSA (2007) estimated population size Ethiopia was 77,127,000. From these the highest estimated population size was observed in Oromia followed Amhara (19,624,000). At the sub region (Zone) level, estimated population size in East Gojam Zone was 2,407,498. For the same year the estimation population size in Dejen Woreda was 124, 530 (Urban 16,216, Rural 108, 314).

2.1.2 Some Effects of Rapid Growth of Population in Ethiopia

Rapid population growth induces increased demand for resources and the rates at which these resources are utilized where technology has not been developed to meet these demands unproductive method of resources exploitation have been restored to. As it is indicated above Ethiopia has the highly population size in the world. The population grows rapidly, the demand for education, health facilities and job opportunities increases, thus, rapid increase in population growth creates major social and economic problem in any country.

As Getachew (1998), rapid growth rate have serious effects on the quality of life of the people of the country. The ever increasing size of the population in absolute term is a burden on the educational system of the country. It is recorded that enrollment have significantly increased at all levels of education. However, a large proportion of the school age population is outside of the school system with rapid increase in enrollment relative to teaching facilities, the quality of education has seriously deteriorated. Student-teacher ratios, number of students per text book has all increased. Thus, the quality of education is directly affected by the rapid growth of school age children.

According to his idea, Ethiopia has registered of a poor health status when compared to other sub-Sahara countries and a high rate of population growth. The majority of the population has low access to modern health services. Housing is also among the basic necessities of the population in Ethiopia. The country is facing a series problem of housing shortage due to supply limitation. The shortest is aggravated by the high rate of growth of the urban population and by the stagnation in the construction of residential houses. The serious over-crowding in the urban area is an evidence of the shortage of housing in the urban

centers of the country .The number of houseless persons who live in bus stations, church verandah, mosque compounds and in any open space has increased. With regard to economic effects, he also mentioned that crop production is essentially determined by the availability of land. The man/land ratio has been increasingly with rapid population growth, reducing the supply of arable land for crop production. The problems associated with crop production have obstructed the attainment of the goal of food self-sufficiency. Similarly, rapid growth places pressure on employment of the total economically active population of 14.7 million in 1984 about 1.2 percent was unemployed, while 29 percent of 26.5 million was unemployed in 1994. The rate of unemployment in the urban area as was 2.8 percents in 1984 and it was 22.0 percent in 1994.Urban unemployment has increased three fold in the decade between the two censuses. The number of unemployment rise from 114 thousand in 1984 to 605 thousand in 1994. With the increase in population, the rate of unemployment is expected to rise. Finally, he indicated that environment degradation is apart of the overall development crises with rapid rate of growth of population in the economy, the population carrying capacity of the environment declined. Obviously a high growth rate of population creates demand for more resources.

2.2. Fertility and family planning

Fertility is one of the three principal components of population dynamics (fertility, mortally and migration) that determine the size and structure of the population of the country. High fertility resulting in large population's size will aggravate environmental degradation and soil erosion.

2.2.1 Fertility behavior of couples

According to ICDR (1998) defines fertility in the following way. It is the actual child bearing performance of individuals, couples, groups, or population. It measures the rate by which a population adds to itself through live births. As the birth rate rise young population also rises and they have the ability to duplicate themselves, rather than they weer died. As a result the population size and its growth rate also rise.
As the data shows currently fertility levels for Ethiopia as a whole , and for urban and rural areas for the three years period corresponding to the calendar period 2003- 2005 indicated that the total fertility rate for Ethiopia is 5-4 births per woman. As expected, fertility rate is considerably high in the rural area. The total fertility rate in the rural are as is 6.0, two and half times higher than the TFR in the urban area (2-4).The urban-rural difference in fertility is especially pronounced among women age 20-34. The overall pattern of fertility indicates that child bearing beings early (CSA, 2006).

Mahadeban (1989) point out the roots of the determinants of fertility behavior emanates from several factors, such as the needs and behaviors of the eligible couple, parents, and survival chances of children, poverty and property, occupational patterns, status and role of security aspiration, socialization, social control, life style and several spheres of development activities and life. In line with this idea, Cald will (1995) stated that people may need to have more lively children more than their economic standards allow them to do so. Generally speaking as mentioned by (CSA, 2001) social and psychological reasons are also motivation factors for having the highest fertility behavior. Traditional customs and values dictate women to have babies immediately after marriage. A woman gets recognition and wins the respect of her husband and in-laws by becoming

a mother. In addition, giving birth to a child ensures the continuity of marriage.

More over , CSA, extended its argument by saying different behavior patterns concerning the average number of children, urban women have fewer children than rural ones. This means that high educational attainment , urban residence and work in non agricultural contexts are factors of a recognized and proven impact on reproduction behavior at an individual .To reverse the situation there is a need to formulate and implement family planning program.

2.2.2 Family planning issues

Both the KPA and Dakar/Ngor Declaration have given great important to family planning programs as a means of reducing fertility and improving the health of mothers and children as well as reducing fertility growth rates. According to Srikantan (1977) the central aim that animates all human endeavors is the improvement of quality of life. Many countries today consider high rates of population growth as a hindrance to the improvement of human welfare. For theses countries reduction of the fertility level is of the utmost urgent. One of the principal means ensuring a decline in fertility is an organization family planning program. As Medical Encyclopedia (1995:330) family planning defines as follows: "Family planning is the regulation or limitation of the size of family by practicing birth control, therefore deciding when and how many children will be born ". Family planning, in relation to fertility reduction and reproductive health care, is relevant and useful where deliberate programs have been adopted to moderate fertility trends and to improve the health of mothers and children. It is just one of many factors contribute to influence changes in fertility and health status of the population.

Cliquet and Thienpot (1995) supplemented that to reduce fertility rate, effective use of family planning method is the appropriate way. By family planning means that a decision made by couple or individual about their family. They can decide about the time to start having children or the length of time to rest between frequency or the total number of children they desire to have. Thus, now a day, the need for family planning use has been increasing in the world as remedy for the problem of rapidly growing population that resulted from high fertility rate. On the other hand, family planning as an integral part of reproduction health the rising use of contraception is the main direct determinant of the controlling fertility decline in the developing countries including Ethiopia.

In Ethiopia, it can generally believe that family planning was started in 1960 when the FGAE was established by a small number of concerned volunteers as a non-governmental and non profit making association. The objectives of this small group were to provide information, counseling and clinical services to families who were in need have service and who were willing to use modern contraceptives (Desta et al (1996) as cited in CSA, 2006)

The family Guidance association of Ethiopia (FGAE) started a youth services and family planning education project in 1990. In 1993, the transitional government of Ethiopia issued the national population policy and this featured a step for ward in the extension of services to the needy population. From 1993 up to the present moment, family planning is regularly supported by international agencies, with inputs from the government and different NGO.

3. Family Planning and Modern Contraceptive Methods

Since the world fertility survey (WFS) program which stated in 1972 a number of survey have been under taken to collect data on contraceptive use. Many more countries continue to collect data on contraceptive use and are formulating and/or implementing family planning programs which

has objective to moderate demographic trends through increased contraceptive use.

The principal objectives of family planning programs instituted in many high fertility countries are to promote fertility regulation by means of contraception (Nair & Smith, 1984).
A number of scholars have been concerned with the specific conditions in which individuals will apply contraception as a means of limiting or spacing births.

However as a part of the effort to population contraceptive use, researchers study the factors influencing contraceptive use. Thus studies enable one to identity the factors following high fertility or, correspondingly, non use or ineffective use of contraception. With the indication of these factors, family planning program's efforts can be directed toward combating them so as to secure the designed result.

Family planning programs to reduce fertility need to set specific targets expressed in different forms. But in our case it is mainly focused on contraceptive prevalence which is defined as a percentage of women of reproductive age or a percentage of married women using modern contraceptive.

3.1 Contraceptive Prevalence Rate

Contraceptive prevalence, the percentage of married women of reproductive age that use a contraceptive method, has risen from less than 10 percent around the world in the early 1960's to an estimated 55 percent in the 1990's (Bonggarts et al (1990) cited in Dilnessaw, 1995).
The level of current contraceptive use greatly varies between developed and developing regions even among in developing regions.

Estimates of 1987 show world contraceptive use among married women at 53 percent the figures for Europe, North America, and Japan showed higher overall contraceptive use, 71% for developed countries 56% for Latin America, 53% for Asia, and 16% for Africa.

Similarly, by 1991, the world average level of contraceptive prevalence was 57 percent. The level was 70 percent in the more developed regions and 53 present in the less developed regions. In Tunisia, 60 percent of couples are using contraception, in Algeria, Egypt, Morocco, South Africa and Zimbabwe, 45-50 percent; and in Botswana and Kenya, one third. The rising use of contraception is the main direct determinant of the continuing fertility decline in the developing countries including Ethiopia. In 1990, when the total Fertility Rate (TFR) in Ethiopia was 7.7 children per woman, the level of contraceptive prevalence rate (CPR) - Current use among women of reproductive age-was 3.9percent. Although the current level of CPR for Ethiopia is not actually known from recent survey, the contraceptive prevalence is estimated at nearly 10 percent by the ministry of Health (NOP, 2000).

3.2 Factors Affecting Modern Contraceptive Behavior

Through use and non use of modern contraceptive a number of factors can be mentioned as related to hinder the implementation of family planning programs. Studies (e.g. United Nation, 1987) on socio-economic differentiates in fertility have shown that fertility behavior is highly correlated with socio-economic variables such as educational attainment, income level, place of residence and religion. Similarly, in many of the studies, different demographic variables have been identified to influence contraceptive use, motivation, values and attitudes of the individual (e.g. Ramesh, 1988) are also certain intervening variables linked with fertility behavior.

Barrenness could lead to marriage break down as living without children carries a social stigma and passing away without having had children; especially a son is a tragedy. The fact that the contraceptive prevalence rate is very low in the country is also an indicator of taking less or no initiative to space births during such peach fertility period (CSA, 2001).

All these culturally base beliefs deep on the picture and illustrate that the desire for children has many psychological motives. Ramesh (1988) reports that individual's motivations, values and attitudes are the immediate determinates of fertility decline. He says that the psychological characteristics of individuals which are formed and modified by the socio-economic conditions, in which they live, may affect fertility and contraceptive behavior.

In the following pages, an attempt has been made to mention ideas related to some selected social and psychological factors as written by many scholars in the field.

Educational Attainment

Education is known to be the most important variable accounting for a large reduction of fertility. In order to practice a sound reduction of fertility rate education creates awareness about importance to using modern contraceptive methods. It also plays a grate role in the rapid practice of these methods. Many researcher studies (eg., Dilnessaw,1995; Almaz,2001) have shown that education of women is strongly associated with the use of modern contraception in those countries which have experienced fertility decline. They also revealed that education and contraceptive use have direct relationship. When the level of education raises contraceptive use also rises.

As population report (1992) as cited in Dilnessaw (1995) stated that women with primary education are much more likely to use a contraceptive method than women with no education but not as likely as women with a secondary education or more. This implies that increase educational attainment for women is one of the most powerful ways of fertility reduction by affecting knowledge of modern contraception's. In addition, people's response to family planning programs influenced by their educational status and level of consciousness. It is true that, the higher the level of educational attainment of women, the better the response in spacing the birth of children by using modern contraceptives.

As it is mentioned by world Bank (1993) the more education a woman receives, the better she adopt and practice family planning program and the fewer children she is likely to bear.

Likewise, husband education has been shown in several studies, as an important factor in determining modern contraceptive practice. That is women's contraceptive use increases as the level of husband's education increases. According to Almaz (2001), women with literate husbands level of contraceptive use rises as compared to women with illiterate husbands. This implies that educational status of husband has positive correlations with contraceptive use of wife.

Place of Residence

Place of residence is often considered to be a major determinant of fertility aspiration and behavior and, hence some strong association with modern contraceptive use is anticipated. There is some evidence that higher urban contraceptive use than rural areas.

According to data in UNECA (1990) as cited in CSA (1994) trends in contraceptive prevalence by urban and rural residence among married women is 25% rural and 38% urban in Botswana, 25% rural and 52%

urban in Egypt, 10% rural and 20% urban in Ghana, etc. This indicated that in every African country urban women were more likely to use modern contraception than rural women.

In Ethiopia, as stated by Tesfayie (1996) adolescents living in rural areas are less exposed to contraceptive use than their urban counter parts. The limited availability and accessibility of contraceptive information about reproductive health and family planning are considered to be the major confidents for contraceptive use in rural areas. This revealed that the place of residence is also another important factor to determine the practice of modern contraceptives. Availability of infrastructures in urban area facilitates conditions for awareness and access of contraceptives.

Desire for more children

Information on fertility preference provides insight into a couple's prevailing demand for contraception. Studies of fertility in relation to desire for more children shown that the less they want to have another child, the higher the level of contraceptive use. As UN (1982) report, exposed women who want no more children are, as would be expected, more likely than others to be using contraception. Expected that the level of use among women who wish to have more children will be lower than the level among women who want no more children.

A study by Dilnessaw (1995) revealed that women who desired additional children had a decreased chance of use of contraceptive as compared to those who desired no more children. This indicated that the number of children desired in the family was found to be negatively associated with contraception use. This is also supported by Geremew (2003) as indicated that as more number of children desired by the couples, contraceptive

declines. Because when ever need arises to bear child couples may not use contraceptives.

Further more, studies reveal that the number of living children also appears to influence contraceptive use. Almaze (2001) indicated that women who bear large number of children use contraceptive more than those who have small number of children. As a number of children increase contraceptive use also rise. According to studies based on the WFS data, in many of the study countries, women who had no children living tended not to practice contraception (Fikreabe, 1989).

Religious Affiliation

Religion is one of the important socio cultural characteristics of population. In countries where religions favor child marriage may have high fertility. It plays an important role in fertility of individual. Fertility is affected by religion through age at marriage, and use of contraception (Raj, 1988). According to Seyum (1989), the catholic rejection of artificial birth control is well known. In this religion, the aim of sexual and human interference in marriage is the procreation of children and any human interference with the natural process of the laws of god and must be condemned as gravely sinful. With this line, some studies undertaken in a number of less developed countries, comparing Muslim with non Muslim fertility, indicate that, on the whole, Muslim fertility is higher than non Muslim fertility (UN, 1973). Geremew (2003) also indicated that most of the Muslim women in his study reported that their religion does not allow them to control fertility by using family planning services. In the other hand in some studies, no difference in religion is noted concerning modern contraception.

Knowledge about Modern Contraception

In the research field of family planning, a number of studies indicated that knowledge about and the use of contraceptive methods relevant in reaction to the acceptance of modern contraceptive methods (Ramesh, 1988).

Acquiring knowledge about family planning is an important step to wards gaining access to and using a suitable contraceptive method in a timely and effective manner. Individuals who have adequate information about the available methods of contraception are better able to make choices about planning their families, the more opportunity people have for gaining knowledge and habit it absorbing new ideas and concepts and of evaluating means and objectives and there by being able to relate new ideas to their own through and actions, the more likely they are to be able to adjust themselves to the idea of family planning and to reason (Kebebew, 1992).

Several studies revered that knowledge of modern contraceptive methods is highest in different countries. According to UNECA (1995), among all women, knowledge of contraceptive method above 90 percent in ten- of the twenty-five countries

Attitude towards Modern Contraception

Women's and Husband's attitude as the basic ground to act in a positive or negative way towards use of modern contraceptive methods. And most researchers are convinced that couples attitudes are important dimensions in the contraceptive behavior of women; as has been indicated in various research findings, a woman expressed reasons for non use of modern contraception include disapproval of family planning methods, fear of side effects, religious prohibition and others (population Report, 1992).

According to Kssahun (2000), disapproval of contraception considered to be negatively associated with contraceptive use. Similarly, attitude of husbands to wards contraception is also and importance factor that has been observed to affect women's contraceptive use (Robey B (1996) cited in Kassahun, 2000).

Men's attitude towards contraceptive use exerts an important influence of their parent's attitude and eventual adoption of a method. Even if many women who live in Sub-Saharan Africa do not want more children, they do not use contraceptives because they take objection from their husbands and other relatives (UN, 1985).

Perception of contraceptive methods

One psychological variable closely associate with contraceptive use is perception of women to wards method side effect. It is believed to play an important role regarding to fertility in general and contraception behavior in particular. Even though contraceptives have minor and some serious side effects that influence individuals selection of certain method, the benefit out weights the cost. Rumors about the side effect may have a significant effect on the use of contraceptives (USDHHS, 1999). This means that perception about the side effects of contraceptive are some of the most barriers to the disapproval of modern contraceptive methods by women. Different studies showed that fear of side effects of contraceptive are greater among non users than among users. According to Geremew (2003), most of the respondents who perceived that contraceptive have side effects did not practice contraceptive when compared with those who do not perceive side effect.

Communication about contraceptive

Another important obstacle to contraceptive use reflected in the DHS data on African countries is lack of open discussion between husbands and wives on family planning (UNECA, 1992).

In many developing countries, husband-wife communication about contraception's matters the adoption and practices of family planning. Majority of the studies on couple communication and relationship suggest that couples who get more opportunity to communicate between themselves on matters related to sex life have a favorable attitude towards family planning and that therefore they exhibit a relatively lower fertility than those who either do not communicate between themselves about their sex life or seldom get an opportunity to do so (Strvastava (1983) cited in Mulu, 1996).
Indeed, therefore, messages which encourage couples to talk more openly and frankly with each other about family planning should promote adoption and practices of modern contraceptives.

In general, Bogue and Mulricher (1963) as cited in Bendston et al (1995) identified about twenty five major family planning obstacles. Among these, some of them which have more relevant to this study are stated below.

- The potential users fear the permanent damage and short terms side effects on health from prolonged use of modern contraceptives.
- There are inadequate communication between husbands and wives about their ideal family size they want to have, that appropriate time of spacing between births and frequencies, types of contraceptive methods used, and as a final decisions whether to practice family planning or not
- Third parties like peers and elder's negative influence leads individual couples who wish to limit their fertility may continue to

beer children in order to satisfy the exception of their parents in laws, neighbors or friends.

- Based on different personal reasons many couples develop a design to have large family irrespective to their economic standard.
- Male preference in child bearing in much culture there is a strong preference for sons.
- Exaggeration of the economic value of children
- Neglect or little concern of environmental protecting.

CHAPTER THREE

METHODOLOGY

3.1 Description of the study area

The study area, Dejen woreda, is one of the ten Woreda of East Gojam administrative zone in Amhara region. It is found 229 kilo meters north of Addis Ababa along the main highway to Bahir Dar.

The woreda has 21 rural and two town kebeles. The estimated total population of the woreda in 1999 E.C. was 124,530.Out of this 108,314 lived in the rural area while only 16,216 lived in urban area (CSA, 2007). But, the current estimation of total population in the woreda is 132,655 (115,071 rural and 17,584 urban) (source, woreda officials). Of these, 9,619 and 58,808 females live in urban and rural areas, respectively. The estimation of married women in the age group of 15-49 was 4,465 and 23,764 in urban and rural areas, respectively. Out of which, 2,902 in urban and 13,070 in rural is the estimated number of women who are living with husbands at the time of the survey. Orthodox Christianity and Islam have large number of followers, but other religion followers also exist in the Woreda.

3.2 Data source

Data that were thought relevant to the study were collected from both primary and secondary sources. Primary data were collected from sampled women using structured questionnaire. Besides, the secondary source of information included published and unpublished reports, books, and journals.

3.3 Study population

The study population included under this study was women in Dejen woreda, particularly married in the age group of 15-49 years living with their husbands. These groups of population were selected purposely based on the assumption that fertility and modern contraceptive use must conveniently be studied among such women. In line with this, Lemessa (1999) concluded that fertility and contraceptive use are most conveniently studied among women in age group of 15-49 years.

3.4 Study Design

The study, conducted to examine the factors that influence usage of modern contraception methods is a case control study. The reason for choosing this study method was its nature that allows evaluation of multiple influential factors at the same time. In this study, current users of modern contraceptive methods are considered to be cases. The non-user groups of women are taken to be controls for the cases.

3.5 Sampling and sampling procedures

It has already been mentioned that the study was conducted in Dejen woreda, five rural and two town kebeles. Representative samples of both rural and urban areas were drawn separately, using a similar procedure. The target population for this study was married women in the age range 15-49 years living with their husbands. When selecting the sample women, precaution was taken not to select pregnant women.

As indicated in the scope of this study, 750 sampled women were taken from reproductive age population who are living with husbands in the woreda. As estimation of woreda officials, during the time of this study the total population of the woreda was 132,655. The rural population was

115,071 (56,263 male and 58,808 female) while only 17,584 (7,965 male and 9,619 female) of the population live in town, Of these, about 4,465 and 23,764 married women in the age range of 15-49 years and 2902 and13070 living with husband live in urban and rural areas, respectively. From this, 2117 in rural and 470 in urban were taken as a sample frame of the study. Next, sample women were selected from sampling frame obtained from kebele's offices using random sampling procedure. The general procedure of selection was as follows.

1. The study area was stratified into two residential strata by using stratified sampling.
2. The selection of five kebeles from rural strata was done by simple random sampling techniques among twenty one kebeles. More over, the two town Kebeles were taken directly by non probability technique.
3. Next, the total population from each stratum was obtained from woreda officials and the study populations were selected using purposive sampling based on their age and marital status.
4. Then after, about 16 percent of the study population from each stratum was obtained as a sample frame.
5. Then, as stratified sampling procedure consisting (urban and rural strata), the proportionate random sampling method of the form:

$$n_i = \frac{p_i}{\mu} * n$$

Where, ni= the number of women Selected from stratum i
n= total sample size
Pi= the proportion of sample Frame included in stratum I
N= total population size

6. Finally, a sample of 750 (29 percent of total sample frame) married women of age 15-49 years living with their husbands were selected. But nine sampled women excluded because of incomplete completion of the questionnaire and 18 participants were also excluded from the analysis of the study, because they don't have any information about modern contraceptives.
7. These left a total of 723 respondents in the final analysis and they were classified as either current user or non-user of modern contraceptive at the time of the survey, according to their responses on a self-report modern contraceptive usage items.

3.6 Procedure of Data collection

3.6.1 Instrument of data collection

Data that were thought relevant to the study were collected from both primary and secondary sources. The secondary source of information included published and unpublished information about family planning and modern contraceptives in particular and population in general. Primary data were collected from sampled women using structured questionnaire. Structural questionnaire was used to collect relevant information on the basis of the study objectives. This is because in sample surveys questionnaires need to be structured in order to ask respondents.

The questionnaire was composed of 31 structured items and one open response item which asked participants to write down any additional suggestion or information that they have about major determinants of MC. All items were developed by the investigator based on literatures and previous studies (Dilnessaw, 1995; Geremew, 2003; Almaz, 2001).

The questionnaire was designed to gather information about:

-The social and psychological factors that determine the use of modern contraceptives.

- The modern contraceptive practice of sampled women

The questionnaire was first prepared in English and then translated into Amharic language by two senior graduate students from department of foreign language and literature for the purpose of clarity. In order to make sure that the questionnaire retained its meanings after translation, the questionnaire was translated back into English by one graduate student from department of Ethiopian language and literature and checked against the original English version.

3.6.2 Pre-test

Before starting the actual data collection, the questionnaire was pre tested among to respondent from both rural and urban areas. The data from two of these women have been omitted from the pilot test analysis because of inconsistent or in completed data item analysis is carried out by calculating the item total correlation for each sub group. Based on the results of the item analysis, two items with relatively low item total correlation(less than 0.65) that could reduce the reliability of the group were removed. Besides, based on the pretest, certain questions were rephrased in order to make them clear to both the interviewer and interviewee.

To measure the internal constancy of the selected items for each group, Cronbach alpha was computed. The psycho-social group and contraceptive group have Cronbach alpha 0.88 and 0.83, respectively. Generally, as indicated above, the analysis of pilot test shows high reliability of the instrument.

3.6.3 Data collection management

The refined and finalized data gathering instrument was administered to married women of age 15-49 years living with their husbands. Six health extension workers and two teachers were chosen to facilitate the interview. Therefore, the administration of the questionnaire was done with the help of two supervisors and six data collector who were trained for one day on how to administer the instrument, the purpose of the study and content of the questionnaire. Before the distribution of the questionnaire the objective of the study was explained clearly for the respondents. The two supervisors made close supervision and checked the completeness of the questionnaire.

3.6 Method of Data Analysis

The data collected through structured questionnaire was cleaned, edited, and entered into a computer. Then using the statistical package for social sciences (SPSS) software version 13.0, the analysis was performed. For respondent's characteristics percentile and frequency were employed.

In order to identify the explanatory variables in women modern contraceptive use, the respondents of the study were classified as "current user", if they have used modern contraceptive methods, and "non-users", if they have not used a method at the time of the survey. While examining the influence of selected social and psychological variables on this dichotomous group, the bi-variate analysis was used to asses the association of independent variables and dependent variables by using chi-square test. The chi-square test was used to identify independent variables that explain the dependent variables that would be retained for further analysis at the multivariate stage.

Further, multivariate analysis was carried out to explore the net effect of all independent variables on the dependent variable by controlling possible

intervening variables. To do multivariate analysis, a binary logistic regression model was used. Binary logistic regression technique is appropriate for the analysis of the relative importance of independent variables often controlling for the effects of other variables. This technique was employed following the suggestion by different authors and researchers. According to Tabachnick and Fidell (1996) binary logistic regression is employed when the dependent variable is a dichotomy and independent variables are of any type. Adugha (2000) also suggested that logistic regression, more commonly called logit regression, is used when the response variable is dichotomous (i.e. binary or 0 and1 type).

The dependent variable for this study is contraceptive practice which is a binary or dichotomous (with two out comes). The value label of the variables is "1" if the respondents have currently used modern contraceptive and "0" if the respondents have not used modern contraceptive. Binary logistic regression model was used, because it predicts the log of odds of the dependent variables as a linear function of the independent variables and the model is also suitable for multi variate analysis.

CHAPTER FOUR

RESULTS AND DISCUSSION

This section presents the results of statistical analysis carried out to answer the basic questions raised in the present study.

4.1 Demographic and psycho-social characteristics Of Respondents

Table 1. Percentage Distribution of Respondents by Demographic and Psycho-social characteristics

Characteristics (N=723)		**Number**	**Percentage**
Age	15-24	272	37.5
	25-34	320	44.2
	35-49	131	18.3
Place of Residence	Rural	593	82
	Urban	130	18
Educational level	Illiterate	210	29
	Literate	513	71
Religion	Orthodox Christian	600	83
	Others	123	17
Attitude towands MCM	Favorable	402	55.6
	Unfavorable	321	44.4
Perception of side effect	Yes	384	53.1
	No	339	46.9
Communicating with Husband			
Yes		396	54.8
No		327	45.2
Heard of MCM			
Yes		723	97.6
No		18	2.4

Conti...

Characteristics (N=723)		Number	Percentage
▪ **Frequency of attendance**			
	Mort than once a week	534	739
	Once a week	129	17.8
	None	60	8.3
▪ **Desire for more children**			
	Yes	459	63.5
	No	264	36.5
▪ **Number of Children**			
	0	132	18.3
	1-6	504	69.7
	76	87	12
▪ **Husband Educational Level**	Illiterate	220	30.9
	Literate	503	69.6
▪ **Cost Expensiveness**	Yes	84	11.6
	No	639	88.4
▪ **Husbands Attitude**			
	Favorable	360	49.8
	Unfavorable	763	50.2
▪ **Information source**			
	Husband	459	63.5
	Neighbor /Friends	267	36.9
	School	222	30.7
	Mass Medias	654	90.5
	Gov't Health Center	81	11.2
	Others		

The age distribution of the women who were interviewed during the survey indicate that the largest group of respondents (44.2 percent) were in the peak fertility ages, (i.e. 25-34), while the proportion in the early reproductive ages (i.e. 15-24) is only about 37.5 percents. The percentage tends to decline with age. i.e., respondents in the age groups 35-49 represent 18.3 percent.

Those who have 1-6 years of marriage duration until the time of the survey were found to be about 48.5 percent. While the largest group of the respondents had more than 6 years of marriage duration (51.5 percent).

The data on place of residence indicate that among the survey respondents about 18 percent were in urban area and while the largest group of the respondents (82 percent) were from rural area.

Information on educational profile of the study participants was collected based on questions about educational status. Out of the total 723 sampled women, 29 percent of them were illiterate; the majority of them (71 percent) reported that they were literate. This includes both primary, secondary, and above secondary level.

Among 723 respondents, the major religion of the study population (83 percent) was Orthodox Christianity while others accounted for 17 percent. With regard to frequency of attending religious institutions,73.9 percent of respondents attended more than once a week, followed by once a week (17.8 percent), no of attendance at all (8.3 percent).

Information on fertility preference provides insight into women's desire towards further child bearing. It is observed that 63.5percent of sampled women reported that they wanted another child while 36.5 percent of them wanted no more children. At the time of the survey about18.3 percent of the respondents were childless while the largest group of the respondents

(69.7 percent) had 1-6 living children while the proportion of sampled women who had more than six living children was found to be 12 percent.

Information on attitudes of respondents towards modern contraceptive methods was also collected during the survey. Results show that the majority of sampled women who knew a modern contraceptive method (55.6 percent) approve of the idea of the use of modern contraceptive to regulate pregnancy while the remaining 44.4 percent have unfavorable attitude. To see the reasons that women opposed, four common reasons were mentioned in the questionnaire. As can be observed, belief of women to have many children means to have more security for parents is the largest common reason for them who had unfavorable attitude towards the idea of MCM (38.3 percent). 22.4 percent and 7.5 percent of respondents respectively, thought that a child grows by his/her luck and many children are important to make division of labor, , as reasons for not approving MC use. With regard to husbands' attitude, almost half of the sample (49.8 percent) reported that their husbands approved of the use of MCM. About 50.2 percent of the women's husbands disapprove modern contraceptive use.

The decision about which method to choose is likely to be heavily influenced by the perceived attributes of the method, such as perceived side effect, high cost, and so on. To understand the perception of women about modern contraceptives, those who have heard of a modern method were asked if there are any health related problems associated with use of modern contraception.

Table 1 also shows, 53.1 percent of the women believed that MC methods have side effects. The respondents who perceived that MC has side effects were also asked which method has side effects. Results show that 75 percent of women perceived that health concerns were cited as the main problem for inject able, followed by the pill (60.2percent) and diaphragm

(46.1 percent). The IUD (7.3 percent) and condom were not perceived by women as a modern contraceptive with side effects. Female sterilization is perceived as the least method next to condom with side effect for women's health. With regard to respondent's perception of the price of modern contraceptives, 88.4 percent of them felt that the method was not expensive and 11.6 percent of respondents perceived high cost.

General knowledge of modern contraceptive method among respondents is reflected in Table 1. This table reveals that knowledge of women about modern contraceptive is high with 97.6 percent of them heard of methods. The remaining, 2.4 percent of them have not heard about modern contraceptives. This implies that, knowledge of modern contraceptive has remained high in the study area.

In this section attempts were also made to examine respondents' sources of information regarding modern contraceptive issues. Out of 723 respondents who had knowledge of at least one modern method, 44.8 percent of women have heard about modern contraceptive information from their husbands. The majority of women in the study received information from government heath centers (90.5 percent), followed by friends (63.3 percent), school (36.9 percent) and mass media (30.7 percent) .In this study next to government health centers , friends are the most important sources of information on modern contraceptive method issues . Respondents were asked to choose from the described modern contraceptive method they had heard of spontaneously. For method not mentioned spontaneously, they were requested to mention all other modern contraceptive.

As observed, awareness of the oral contraceptive pill is the most widely known among sampled women in this study (98.3 percent).This is followed by female sterilization (92.9 percent) and condom (87.1 percent). Inject able as a modern contraceptive was known by 83.4 percent of the women.

The IUD and diaphragm were the lowest popularly known modern contraceptives methods, 52.7 percent and 43.6 percent respectively. With regard to other modern contraceptive methods also 47.7 percent of women reported to know methods like male sterilization.

Knowledge of sources of modern contraceptive is useful for users. Women who reported knowing modern contraceptive methods were asked whether they know the source or suppliers of methods or not. All of sampled women (100 percent) had knowledge of suppliers.

Husband –wife communication is believed to affect women's modern contraceptive use and indicates the level of interest in modern contraceptive on the part of the couple. Among respondents knowing a modern contractive method, about 45.2 percent of sampled women indicated that they never discussed modern contraceptive issues with their husbands at the time preceding the survey. In the remaining, 54.8 percent of respondents reported that they had discussion on issues related to modern contraceptive methods with their husbands.

Similarly, among the respondents who know modern contraceptive methods, 50.6 percent had communication with other people while 49.4 percent of women have not discussed modern contraceptive issues with other people.

4.2 Modern Contractive Behavior

Table 2. Distribution of Respondent's Modern contractive Behavior

Characteristics (N=723	**Number**	**Percentage**
Current users	309	42.7
Non users	414	57.3
Drop outs	180	43.5
Never used	234	56.5
Main Method used	309	63.2
Pill	-	36.8
IUD	180	-
Inject able	-	-
Diaphragm	-	-
Female sterilization		
Others		
Major method source	483	98.8
Hospital(clinics)		
Private Health centers	6	1.2

To check on the practice of modern contraceptive methods, respondents were categorized into those current users and current non users of methods at the time of the survey. Again current non users were classified into those dropouts and never users on the basis of their responses.

Table 2 presents data on modern contraceptive practice among women. Results show that out of women included in the study,42.7 percent of them reported having used at least one method of modern contraceptive at the time of the survey. In other hand, at the time of the survey, about 57.3 percent sampled women were not using any of modern contraceptive method. Out of them, 180 (43.5 percent) and 234 (56.5 percent) were dropouts and never users, respectively.

As shown in Table 2, 63.2 percent of women indicated that pill is the most current used method. This is followed by inject able, 36.8 percent. Other methods show that they are not used by sampled women.

As can be seen from the table, almost all current user women obtained their most recent supply from Hospitals/Clinics. This indicated that public sectors are the major sources of MCM, other private sources such as shops account for one percent in the study area.

Table 3. Distribution of Respondents by Main Reason for current sing, dropouts, and never using

Major reasons	**Current users**		**Dropouts**		**Never users**	
	F	**%**	**F**	**%**	**F**	**%**
Prevention of pregnancy	16	53.4	-	-	-	-
Child spacing	144	46.6	-	-	-	-
Medication	-	-	-	-	-	-
Want children	-	-	87	45.3	87	34.5
Health concern	-	-	12	6.7	30	11.9
Fear of side effects	-	-	45	25.0	66	26.2
Husband apposed	-	-	33	18.3	45	17.9
Lack of knowledge	-	-	3	1.7	-	-
Religion restriction	-	-	-	-	6	2.40
Total	309	100	180	100	234	100

Table 3 presents the reasons why women were not using modern contraceptive at the time of the study. As shown, among the reasons for current use of modern contraceptive by sampled women, 53.4 percent is due to prevention of pregnancy, and children spacing was also an important reason for current using (46.6 percent).

On the other hand, Table three presents reasons why women are not using modern contraceptive at the time of the study. Although over all modern contraceptive knowledge in the study area was high, actual use of MC was low at the time of the survey in the study area.

The table reveals that the desire to become pregnant is the most prominent reason for modern contraception discontinuation (48.3 percent), followed by fear of side effects (25 percent), husband opposition (18.3 percent), and health concerns (6.7 percent).

This table also indicated that, desire to have more children is the most common reason for never using modern contraceptive method, that is cited by 34.5 percent of the respondents. About 26.2 percent cited the fear of side effects as the main reason for never using. 17.9 percent of sampled women reported disapproval or opposition of their husband as the reason for never using modern contraceptive until the time of the survey. Health concern was cited by about 11.9 percent of never users

4.3 Relation *ship between Contraceptive Use and Psycho-social Factors*

In many research situations the strength of the dependence of variables is the main concern. In this study to examine the relationship or association between the dependent variable and independent variables with regard to modern contraceptive behavior of married women living with their husbands in the age of 15-49, a bi-variate analysis based on the chi-square test was applied. In order to identify independent variables that explain dependent variables that would be retained for further analysis using multivariate analysis, for all independent variables taking one at a time, a test of association was carried out using the chi-square statistics. Based on the chi-square result, high value for a given independent variable indicates that there is strong association between each of the

given independent variables and dependent variable keeping the effect of the other factors constant. Based on the primary data collected, the bi-variate analysis result of women who are currently using modern contraceptive with social and psychological characteristics is presented in this section.

Table 4 Share of Current Modern Contraceptive Users and Current Non Users in Relation with Independent variables Identified

Explanatory valuable	Categories	MC Practice				Total		df	Chi-square (x^2)	p-value
		Current users		Current nonuser						
		f	%	f	%	f	%			
Women education	Illiterate	36	17.1	174	82.9	210	100	1	*** 79.231	0.000
	literate	273	53.2	240	46.8	513	100			
	Total	39	42.7	414	57.3	723	100			
Place of residence	Rural	238	40.1	355	59.9	593	100	1	** 9.136	0.003
	Urban	71	54.6	59	45.4	130	100			
	Total	309	42.7	414	57.3	723	100	1	*** 51.740	0.000
Husband's Education	Illiterate	50	22.7	170	77.3	220	100			
	Literate	259	51.3	244	48.7	503	100			
	Total	309	42.7	414	57.3	723	100			
Religion Affiliation	Orthodox	267	44.5	333	55.5	600	100	1	* 4.471	0.036
	Others	42	34.1	81	65.9	123	100			
Religious Attendance per week	More than one	201	37.6	333	62.4	534	100	1	*** 27.633	0.000
	Once	66	51.2	63	48.8	129	100			
	None	42	70	18	30	60	100			
Desire for More children	Yes	130	28.3	329	71.7	459	100	1	*** 106.749	0.000
	No	179	67.8	85	32.2	264	100			
Women's Attitude	Approve	255	36.4	147	36.6	402	100	1	*** 158.444	0.000
	Disapprove	54	16.8	267	83.2	321	100			
Husband's Attitude	Approve	204	56.7	156	43.3	360	100	1	*** 56.837	0.000
	Disapprove	105	28.9	256	70.1	363	100			
Perception of side effect	Have side effect	129	33.6	255	66.4	384	100	1	*** 27.986	0.000
	have not ""	180	53.1	159	47.9	339	100			
Perception of cost	Expensive	285	44.6	354	55.4	639	100	1	** 7.795	0.007
	Not Expensive	24	28.6	60	71.4	84	100			
Have communication with husband	Yes	261	65.9	135	34.1	396	100	1	*** 192.077	0.000
	No	48	14.7	279	85.3	327	100			
Have communication with other people	Yes	124	34.9	231	65.1	355	100	1	*** 17.379	0.000
	No	185	50.3	183	49.7	368	100			
Number of living children	0	15	11.4	117	88.6	132	100	2	*** 71.285	0.000
	1-6	240	47.6	264	52.4	504	100			
	>6	54	62.1	33	37.9	87	100			

*significant at p< 0.05, ** significant at p<0.01
*** significant at <0.001 df= degree of freedom

The data on women's place of residence indicate that 54.6 percent of respondents who lived in urban area have currently used modern contraceptive methods. The corresponding proportion for non users from rural background women was 45.4 percent. The bi-variate results showed that place of residence was significantly associated with current use of modern contraceptive methods at $p<0.01$ ($x^2 = 9.136$).

Among the respondents who wanted no more children in the future the proportion that has used modern contraceptive method at the time of the survey was 67.8 percent. About 28.3 percent of them desired to have more children. On the other hand, currently not using women who wanted no more children were 32.2 percent while 71.7 percent were women who desired to have more children. The chi-square result ($x^2=106.749$, $df=1, p<0.001$) indicates that desire for more children is significantly associated with current use of modern contraceptive method of women.

Among the respondents who approved and disapproved the use of modern contraceptive, 36.4 percent and 16.8 percent, respectively, were found to have currently used a method while the corresponding figure for current non users were found to be 36.6 percent and 83.2 percent, respectively. Comparison of current users and non users of modern contraception indicated that current users had favorable attitude towards such practice while non users are likely to disapprove the use of modern contraceptive, and the result was statistically significant at $p<0.001$ for respondent's attitude($x^{2=158.444}$).

Data from the survey are used to analyze the relationship of perception of method characteristics to the acceptability of modern contraceptive for use. As shown in the table, higher number of current non users of modern

contraceptive method in the sampled women believed that modern methods have harmful side effects. The present finding indicates that there is a relationship between women perception and use of MCM (X^2=27.986; df=1; P<0.001).

As can be observed from the table, women's perception of the cost of modern contraception is significantly associated with practice of modern contraceptive method of women at P<0.01; (X^2=7.795). Those current user and non user women who perceived modern contraceptives as not expensive were found to be 28.6 percent and 71.4 percent, respectively.

The chi-square analysis indicated that husband–wife discussion on modern contraceptive issues was significantly higher among current users (65.9 percent) compared to current non users (34.1 percent) (X^2= 192.077; df=1; P<0.001).

Table 4 also shows that women discussion on modern contraceptive related issue with other people is associated with practice of modern methods at (X^2=17.379; df =1; P<0.001).
The other factor is the educational level of women. Table 4 demonstrates that only small number of illiterate women use modern contraceptive and as a level of education rises, the proportion of modern contraceptive use also raise. In this respect, the result of chi-square analysis indicated that educational status of the respondents is associated with women modern contraceptive practice with (X^2= 79.231; df=1 P<0.001).

When we look at the data, there is a relationship between women's modern contraceptive use and husband's education level with (X^2= 51.740; df =1; P<0.001). The proportion of current user women whose husband was illiterate was 22.7 percent, while 51.3 percent of them had husbands who were literate.

With regard to respondents' religion, 44.5 percent and 55.5 percent of Orthodox Christian reported to have currently used and no used a modern contraceptive method, respectively, while the corresponding figure for other was 34.1 percent and 65.9 percent, respectively. Results show that religions of respondents are statistically associated with women's modern contraceptive practice (X^2=4.471; df=1; p<0.05). On the other hand, respondent's religious institution attendance is associated with practice of modern contraceptive of women (X^2= 27.633; df=2; p<0.001). About 37.6 percent of current user women reported that they attended religious institution more than one per week, and this figure increases to 51.2 percent among women who attended religious programs once a week.70 percent of the women did not attend religious program. The other factor that influences the practice of modern contraceptive is number of living children. According to Table 11, a statistically significant difference was observed between current users and non users in the number of living children women had (X^2=71.285; df =2; P=<0.001). As shown in the table, women who have more children currently use modern contraceptive method than women who have fewer children.

Concerning the husbands' attitude towards modern contraceptive methods, a statistically significant proportion of husbands of current users approved modern contraceptive as compared to husbands of non users (X^2=56.837; df=1; P<0.001). Among the survey respondents, the proportion of current user women whose husbands disapproved was found to be 28.9 percent.

4.4 Predicting Contraceptive Use From Psycho- social Factors

In the preceding section, bi-variate analysis was used to assess the association of each independent variable and dependent variable by using

chi-square test. However, this chi-square result may not show the independent variables exact influence on the dependent variable, because the influence of other variables was not controlled. Once the bi-variate correlates of women's modern contraceptive use were identified, multivariate analysis was carried out to explore the net effect of all independent variables on the dependent variables by controlling possible intervening variables.

In order to examine multivariable the relative contribution of predictive variables as they relate to modern contraceptive use, logistic regression has been performed. The logistic regression model, which had been discussed in chapter three, is the multivariate procedure to be used in examining the relationship between the independent variables and the dependent variable. It is a form of regression, which is used when the dependent variable is dichotomous and the independent variables are any type. That is, this technique is appropriate for the analysis of the relationship between a set of predictor variables and the dependent variable which is binary.

Because of the dependent variable in the multivariate analysis which involves two distinct choices, in this study the respondents classified as current users if they have currently used modern contraceptive methods and non users if they have not used (both dropouts and never users) a method at a survey time. The dependent variable, which is whether the respondent was currently using or no using modern contraceptive at the time of the survey takes the value "1" if respondents were current users and "0" if the respondents were current non users.

On the basis of independent variables which have shown significant association in the chi-square test were entered into this model and the out come of the logistic regression analysis is presented in the following tables.

Table 5- Parameter Estimates of a Logistic Model for Factors Determining Women Modern Contraceptive Use

Explanatory variables	Categories	B	SE	Wald	Sig.	Exp (B)
Women's education	Literate	RC	-	-	-	1.000
	Illiterate	-.634	.287	4.886	.027	.530
Husband's education	Literate	RC	-	-	-	1.000
	Illiterate	-.840	.266	9.965	.002	.432
Desire for more children	No	RC	-	-	-	1.000
	Yes	-.762	0.339	5.062	0.024	.467
Number of living children	>6	RC	-	-	-	1.000
	0	-2.009	.466	18.582	0.000	0.134
	1-6	-511	.348	2.164	.141	1.663
Frequency of religious attendance per week	None	RC	-	-	-	1.000
	More than once	-.335	.482	.484	.487	.715
	Once	-1.229	.513	5.733	.017	.293
Women's attitude towards MCM	Approve	RC	-	-	-	1.000
	Disapprove	-2.966	.414	51.280	0.000	.051
Have husband-wife communication	Yes	RC	-	-	-	1.000
	No	-2.556	.282	82.101	0.000	.078
Have communication with other people	Yes	RC	-	-	-	1.000
	No	-1.595	.331	23.169	0.000	.203
Perception of method side effect	Have no side effect	RC	-	-	-	1.000
	Have side effect	-1.848	.394	22.026	0.000	0.158

significant at $p<0.05$
Significant at $P<0.001$
Significant at $p<0.01$

The level of education of women has a significant impact on the use decision of MC. Using the odds of MC use among literate women as a reference, the probability of using MC decreased by 47 percent than literate women. Similarly, husband education is found to be significantly associated with women MC practice. This finding revealed that the probability of women using MC increased by 57 percent with literate husbands than women whose husbands were illiterate.

Attendance of religious institution was also found to improve the probability of usage of MCM. Women who did not attend a church or mosque were more likely to use MC by 29 and 71 percent than those who attend more than one per week and once per week, respectively. This finding shows that women who did not attend frequently have higher

chance of using MC. This is because in the study area religions do not allow their followers to control fertility by using modern contraceptive methods.

Desire for more children had significant influence on the practice of MC. The probability that women who did not want to have another child use MC increased by 54 percent, indicating that women who want to have more children are 46 percent less likely to use MCM than those women who are not wanting more children. As indicated that it is negatively related with the contraceptive use and implies that as desire of additional children rises, probability of using MC decline.

The number of living children that a woman has is also another variable examined in the analysis, which showed positive association with MC use. The larger the number of children that the women have, the more likely is women to use MC, other things being equal. This shows that most mothers use MC after they have the desired number of child. According to this study, childless women were less likely to use MC by 87 percent than those women who had more than six children. However, women who had children up to six were more likely to use MC by factor of 1.663 times than women who had more than six children. This might be because this group of women has reached their desired number of children than the reference category group of women.

Women's attitude towards MC is also crucial factor that significantly affects use of MC. Respondents who approve the use of MC were found to have higher chance of use and the relationship was statistically significant ($p<0.001$). In this study women who disapprove MC use were less likely to use MC by 95 percent than women who approve contraceptive practice. According to this study, women's attitude is a highly predictor of MC use.

The other important predictor of women's MC use in the multivariate analysis was Husband- Wife discussion on contraceptive issues. The present study has indicated that lack of open discussion between husbands and wives on MC matters was considered a major barrier to

contraceptive use. Those women who did not communicate with their husbands regarding MC related issues were 0.078 (7 percent) likely to use MC. That is 93 percent less likely to use MC compared with those women who communicated MC issues with their husband. Similarly, women who discuss with other people about contraceptive related issues have a significant contribution to use MC. The result indicated that husband – wife communication is a powerful predictor of modern contraceptive use. According to this study, women who had a discussion with other people were more likely to use MC by 80 percent than those who did not have communication with other person like peers, relatives etc.,

Among the variables affecting the use of modern contraceptive methods, perception of side effect is the other significant variable at 1% level of significance. The women who did not perceive side effects of MC have more chance to use contraceptive as compared to those who perceived side effects. The odd for women who did not perceive side effects to use MC is estimated to be 85 percent as higher as those who perceived side effects on contraceptive.

DISCUSSION

In order to examine where psycho-social variables have significant contributor on the prediction of MC use, the first step was to examine the extent to which each variable are related to MC use

The result of chi- square analysis indicated that place of residence was associated with women's contraceptive using. Further analysis thorough logistic regression revealed a non significant independent effect of women'. This indicated that a likelihood of women using a modern contraceptive has non significantly related to their living area,

Education level of women had a significant relationship with MC use chi-square analysis undertaken addresses that there was a statistically significant association between women's education and MC use. It was hypothesized that education has a positive relationship with MC use. As expected, significant difference was found in education status of users and nonusers. The finding is consistent with the result of other study by Sathara , 1984 cited in kassahun (2000), confirmed that as the number of years of schooling increase, the prevalence of contraceptive use also becomes higher. This implies that educational attainment of women is associated with increased likely hood of being exposed to using modern contraceptive method.

As regard to husbands' education, the result indicated that women whose husbands attained education had more likely of modern contraceptive practice than those husband with no education. This finding is similar to that of Almaz's (2001) study. Thus, educational status of husband has positively correlated with contraceptive use in the study. That is, the rate of women's current use of modern contraception rises as educational level of their husbands' increases.

One of the important finding which emerged from the chi-square analysis was that women's' desire for more children had statistically significant relationship to modern contraception use. This means that women who desired more children had a decreased chance of use of modern contraception as compared to those who did not desire more children. This finding confirms the results of Geremew (2003) that as more number of children is desired by the couples, contraceptive use declines. It was also hypothesized that women who want no more children are more likely than others to be using MCM. This is supported by the result of chi-square test that showed significance difference in MC use between current users and non users.

Attitude of women towards MC use is other important factor that explains the variation in the likelihood of contraceptive practice among women. The analysis revealed that women who had approved MC use were more likely to have had contraceptive practice behavior compared with those who have had disapproved MC use. It is also consistent with the result of Dilnessaw (1995) who reported that among the respondents who approved and disapproved the use of contraception, 54.1 percent and 14.4 percent, respectively.

Women's attitude was also hypothesized to influence the usage of MCM with the view that women who have positive attitude towards MCM were more likely to use MC than those who has unfavorable attitude. This was also supported by the result of multi-variate analysis that showed influential characteristics of women's attitude on MC use.

The bi-variate result has also confirmed that husbands' attitude towards MC significantly explained the difference between current users and non uses of modern contraception. In line to this Fikreab (1989) indicated that a statistically significant proportion of husbands of current users approved

MC (98.7%) as compared to husbands of non users (76.5). These findings confirmed that the majority of the husbands of non users were found to have disapproved of the use of MC. On the other hand, even though there is a statistically significant difference between current users and non users in husbands' attitude to wards MC, it has no significant impact on the use decision of MCM.

The chi-square result shows that women who have more children currently use modern contraceptive method than women who have fewer children. The finding consistent with the results of other studies by Dilnessaw (1995), and Fikreab (1989) who found that contraceptive use increases with increase in number of living children. This was hypothesized that there is a direct relationship between number of living children and MC use.

Religions of the respondents are not statistically associated with women current use of MCM. This revealed that those who followed orthodox and other had not difference in MC practice of women. However, respondents Religious institution attendance is associated with current modern contraceptive practice of women. This revealed that the practice of women modern contraceptive increases as the frequency of church /mosque attendance decreases.

Husband-wife communication on MC is significantly associated with women MC usage. Women who have discussion with their husband about MC related issues were found to be more MC experienced than who did no. Husband-wife communication was hypostatized to influence the usage of MCM with the view that women who get opportunity to communicate to husbands on MC matters have favorable attitude towards modern contraception methods. This was also supported by the result of these findings that showed a systematic association between husband- wife communications and using MC. Fikreab (1989) confirmed that husband

wife communication on family planning was significantly higher among users (40.9%) compared to never users (15.4). The present study has indicated that lack of open discussion between husbands and wives on MCM was a major obstacle of MC use.

Regarding perception of side effect, the result also indicated that perception of women about modern contraception is associated with MC use. This implies that subjects who have perceived no side effect are more likely to use MCM. The prevalence of such perception among non user women is believed to inhibit the usage of MCM. Among the respondents who perceived that MC have side effects were cited as the main problem for inject able followed by the pill and diaphragm. With regard to respondent's perception of the price of MC, it is significantly associated with practice of MCM of women. The result agrees with the earlier finding of Dilnessaw (1995) who found that 60.6 percent of the women who believed modern methods have side effects have used a method and this proportion increased to 71.4 percent among women who felt that the methods have no side effects on their health. Comparing the two groups of women, the difference was statistically significant with respect to their perception of modern contraception. This implies that subjects who have perceived no side effect are more likely to use modern contraceptive methods. The prevalence of such perception among non user women is believed to inhibit the usage of modern contraceptive methods.

Among the factor considered in the model, nine factors were found to have significant influence on the practice decision of MCM. These were women's education level, husband's education level, number of living children, desire for more children, women's attitude to wards MC, perception of side effects on MC, husband-wife communication, women communication with other people and frequency of church or mosque attendance. In this study place of residence, husband's attitude towards MC, religious affiliation,

and perception of high cost of MC did not have a significant impact on the use decision of MCM.

Most studies have indicated education to be an important factor that induces contraceptive use. Educated women have better exposure to new ideas and information, are more likely to accept the idea of small family size than illiterate women. So the findings to this study are consistent with the result of similar studies done and confirms with the hypothesis forwarded earlier.

In general, it was hypothesized that husband-wife communication on MC issues is highly significant variable in terms of predicting MC use. As expected, the result indicated that husband wife communication is a powerful predictor of MC use.

Women's attitude was also hypothesized to influence the usage of MCM with the view that women who has positive attitude towards MCM were more likely to use MC than those who has unfavorable attitude. This was also supported by the result of the analysis that showed the influential characteristics of women's attitude on MC use. The estimation of the coefficient for this variable was $p<0.001$.

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMENDATIONS

Ethiopia is characterized by rapid population growth rate. It has one of the fastest changing populations in the world. This rapid increase in population growth creates major social and economic problem. To reveres the situation, it should be emphasized that many factors contribute to influence changes infertility and health status of the population.

Family planning is just one of the many factors. On the other hand, family planning as an integral part of reproduction health, the rising use of contraception is the main direct determination of the continuing fertility decline in the developing countries. However, different studies indicated that only a small proportion of women use modern contraceptive methods (eg. Mulu, 1996; Dilnessaw, 1995; Lemessa, 1999). It is hypothesized that the reason for non use of modern contraceptives could be social, economical, psychological, cultural, and demographic characteristics of women. It is therefore relevant to identify the specific factors affecting the use of contraceptive methods.

The purpose of this study was to investigate and examine the influence of some psycho- social factors associated with women's contraceptive use in Dejen woreda.

A total of 723 married women of age 15-49 years living with husbands interviewed from five rural and two town kebeles. Participates were selected by proportional stratified (with respect to place of residence) random sampling technique. To gather the necessary information about women's demographic, social and psychological characteristics, a structured questionnaire was prepared and administered to selected women.

To analyze the data collected chi-square and logistic regression analyses were employed and the levels of significance were at 0.05, 0.01 and 0.001 level.

- The result of respondent's characteristics analysis indicated that the majority of the respondents were between in the age 25-34 years
- The data on the education of respondents reveals that the majority of them were literate
- Information on attitude of respondents towards MCM was also collected during the survey. As can be observed from the results of this study, less than half of the sampled women disapprove of the use of modern contraceptive methods.
- Husband - wife communication is believed to affect women's modern contraceptive use and indicates the level of interests in MC on the part of the couple. Over all, more than half of the sampled women reported that they talk with their husband.
- The level of a awareness of modern contraception and the sources where one can obtain them are essential preconditions for modern contraceptive use
- Among the survey respondents the level of awareness of modern contraception was quite high
- The majority of the women reported to have not currently used any method at the time of the survey. Among the users the pill was the most frequently used method followed by inject able.
- The major reason for not using MCM at the time of the study was wanting to have more children, fear of side effects, and husband opposition.
- The chi- square analysis indicated that place of residence, women's education, husband's education, religions affiliation, frequency of religious program attendance, desire for more children, women's attitude, husband's attitude, perception of side effects on MC,

perception of cost, husband - wife communication, women communication with other people and number of living children women had were significantly associated with modern contraceptive use of women.

- The bi-variate result revealed that small number of illiterate women use MCM. This shows educational attainment and contraceptive use had a positive relationship
- The other factor which has high correlation with modern contraceptive use in the study was educational status of husbands. Husbands' education tends to be positively associated with women's MC use.
- The logistic model, which is widely used when the dependent variable is dichotomous, was used to determine the extent of factors that affect use of modern contraceptive. Among the factors considered, women's education, husband's education, desire for more children, number of living children, frequency of religious attendance, women's attitude, husband-wife communication, women communication with other people ,and perception of side effects of methods have significantly influenced the use of decision of MC.
- The findings indicate that women who disapproved MC ideas were less likely to use MC.

From the above findings, the following conclusions could be made:

1. Husband- wife communication and women's attitude are a powerful predictor of modern contraceptive use
2. The other factor which showed high predictable power in women's modern contraceptive use was their perception of side effects of MC methods.
3. Based on the bi-variate result of this study husbands attitude towards MC use affect women's use of MC. This is clearly indicated that positive attitude of husbands towards contraceptive use has a rise in practice of MC. This result is consistent with the result of Mulu (1996), and Dilnessaw (1995).

However, in our study the relative contribution of husbands' attitude was not significance through the logit model. This may be different from the above two indicated research results. This might be because of the large number of sampled women who reported that they did not know their husband's attitude whether he approved or disapproved. In addition to that both Mulu's and Dilnessaw's studies were conducted in urban areas. Where as the majority sampled women of this current study were from rural area. So this might make difference between those results.

4. The chi- square analysis also indicated that both place of residence and religion had a significant relationship with modern contraceptive use. But the multivariate analysis of this study indicated that place of residence and religious affiliation are less predictor variables. This might be because of the majority of our sampled women were both in rural area and Orthodox Christians.

5.2 Recommendations

Based on the findings of this study the following recommendations are forwarded.

-As many previous research findings confirmed which is also supported by this study, the extent of modern contraceptive use rises as the level of education rises.

Improving the status of women through access to education is a decisive factor in increasing contraceptive use. Therefore, education should be made more accessible to women. Due attention should be given to rural areas where the majority of non user women live and educational facilities are less accessible. In addition, educating the community and husbands can play a significant role in increasing women contraceptive use.

- Availability of contraception without changed attitude will not necessarily lead to increased contrastive use. Hence, more efforts should be undertaken on changing attitude towards modern contraceptive use. These should be followed and supported with provision of services and supplies.
- Family planning should no longer be the responsibility of the women only. Husbands should be involved in the favorable decision of using modern contraceptive methods so that attention should be given to some strategy that could change husbands' attitude towards accepting the use of contraception and encouraging their wives to practice family planning.
- Another important obstacle to contraceptive use reflected in this study is lack of open discussion between husbands and wives on modern contraceptive.

Therefore, information, education and communication (IEC) programs and strategies should be designed to encourage husbands and wives to discuss contraceptive use.

- With regard to side effects perception of women on modern contraceptive, creating awareness among women in the child bearing age is very essential. This enables women to differentiate between actual and perceived side effects based on rumors.
- Effective contraceptive counseling is important to women to make their own decision on which contraceptive method is appropriate for them.

It is also important in helping women with concerns about sexual and reproductive health because many women feel unable to talk with relatives or friends about these concerns.

- In addition strategies for improving the general social and psychological conditions and where non- governmental organizations can play a significant role and make contributions should be designed, encouraged and supported.
- Finally, it is recommended that further research need to be conducted on contraceptive behavior by incorporating both sexes to identify other influential factors related to family planning issues.

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APPENDEX 1

ADDIS ABABA UNIVERSITY

SCHOOL OPF GRADUATE STUDIES

DEPARTEMENT OF PSYCHOLOGY

QUESTIONNAIRE TO BE FILLED BY MARRIED WOMEN

Questionnaire Number ---------- /to be given buy the research

Only married women with their husbands and who are in the age group of 15-49 years at the time of the survey are to complete it.

Kebele Name/ No ----------

Dear respondent,

I am a graduate student in social psychology. The main objective of this study is to investigate some issues related to modern contraceptive. You are kindly requested to provide your honest responses to the questions those concern you. Be assumed that the information gathered will be used only for the research purpose.

Thank you in advance for your cooperation.

Name and Signature of data collector

Name ---------- Signature ----------
Data ----------

PART I SOME DEMOGRAPHIC INFORMATION

1. Age ---------- Year
2. How long years have you lived in marriage? --------- Years

PART II REASRCH RELATED INFORMATION

Direction: - Please give answer for the following question using an (-x) mark in the given boxes corresponding to each question. In some of the items it is possible to give more than one answer.

A. SOCIAL AND PSYCHOLOGICAL CHARACTERISTICS

101. Place of residence 1. Rural ☐ 2. Urban ☐

102. Educational Attainment 1. Illiterate ☐ 2. Literate ☐

103. What is your husband's education level?

1. Illiterate ☐ 2.Literate ☐

104. Religion Affiliation 1. Orthodox Christian

2 Others. ☐ Specify ----------

105. How often do you attend a church or Mosque or other religious sites?

1. More than once a week ☐ 2. Once a week ☐

3. None ☐

106. How many children do you have? Female---------- Male ---------- Total----

107. Do you want to have more children? 1. Yes ☐ 2. No ☐

108. As compared to your preference what is the desire of your husband with respect to the number of children in the family?

1. The same as mine ☐ 2. Less children ☐

3. More children ☐

4.Don't know ☐

109. Have you ever heard about modern contraceptive method?

1. Yes ☐ 2. No ☐

If "no" stop to fill other questions

110. Which was /were your sources of information about modern contraceptive methods? 1. Husband ☐

2. Neighbors/ Friends ☐ 3. School ☐ 4. Mass media ☐

5. government health center ☐

6. other specify ☐

111. Which modern contraceptive do you know as birth control method?

1. Pill ☐ 2.IUD ☐ 3. Inject able ☐

4. Diaphragm/foam ☐ 5. Female sterilization ☐

6. Condom ☐ 7. Other specify ☐

112. Do you know the place where modern contraceptive (s) could be obtained? 1. Yes ☐ 2. No ☐

113. Do you discuss about modern contraceptive methods with your husband?

1. Yes ☐ 2. No ☐ If "no" go to question 115

114. How often do you discuses about modern contraceptive methods with

Your husband? 1. Always ☐ 2. Many of the time ☐

3. Sometimes ☐

115. Did you discus about modern contraceptive method (s) with other person (relatives, peers, etc.,) 1 Yes ☐ No ☐

116. Would you say that you basically approve the idea of modern contraceptive or disapprove it?

1. Approve ☐ 2. Disapprove ☐

117. If you disapprove why do you appose it? Because

1. Children are the precious wealth therefore; their number should not by Limited ☐

2. Many children are important to make division of labor among the Family members ☐

3. A child grows by his/her luck ☐

4. For parents , to have many children means to have more security during their old age ☐

5. Other, specify. ☐

118. What about you husband? Does he approve or disapprove the idea of Modern contraceptive?

1. Approve ☐ 2. Disapprove ☐ /don't now _____

119. From the modern contraceptive method you are aware of, are there contraceptive methods that you perceive can cause health problems while using? 1. Yes ☐ 2 .No I ☐

if "no" go to question 121

120. Which of the following are those methods? 1. Pill ☐ 2. IUD ☐

3. Injected ☐ 4. Diaphragm/foam ☐ 5. Female ☐ sterilization

6. Condom ☐ 7. Other, specify ☐

121. Do you consider the price of modern contraceptive method is expensive?

1. Yes ☐ 2. No ☐

B PRACTICE OF MODERN CONTRACEPTIVE

201. Are you currently using any modern contraceptive to delay or avoid getting pregnant? 1. Yes ☐ 2. No ☐ if "no' go to question 205

202. Why do you use modern contraceptive (s)at present?

1. Prevention of pregnancy ☐ 2. Child spacing ☐

3. Medication ☐ 4. Other specifies. ☐

203. Which of he following methods are you currently using? 1. Pill ☐

2. IUD ☐ 3. Injected ☐ 4. Diaphragm/foam ☐

5. Female sterilization ☐ 6. Other specify ----------

204. Where do you usually obtain supplies of this method?

1. Hospitals/Clinics ☐ 2. Private health centers ☐

3. Shops ☐ 4. Other specify----------

205. Did you use modern contraceptive in the past?

1. Yes ☐ 2. No ☐ If " no" go no question 209

206. Which method did prefer use? 1. Pill ☐ 2. IUD ☐

3. Inject able ☐ 4. Diaphragm /Foam ☐

5. Female sterilization ☐ 6. Other specify ☐

207. Where did you go to get modern contraceptive (s) ?

1. Hospital (clinic) ☐ 2. Private health sector ☐

3. Shops ☐ 4. Other specify ☐

208. Why did you stop using modern contraceptive? 1. Want children ☐

2. Health concern ☐ 3. Fear of side effect ☐

4. Husband opposed ☐ 5. Cost too much ☐

6. Other specifies. ☐

209. Why have not you used modern contraceptive (s)?

1. Desire to have more children ☐

2. Have health problem ☐

3 Fear of side effect ☐

4. Husband opposed ☐

5. Religion restriction ☐

6.Other, specify.....

210. If you have any additional suggestion or information that you will tell me about major determines of modern contraceptive. please write below. ----------

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THANK YOU AGAIN FOR THE COOPERATION.

APPENDEX 2

አዲስ አበባ ዩኒቨርሲቲ

ድኅረ ምረቃ ትምህርት ቤት

የሳይኮሎጂ ትምህርት ክፍል

ባገቡሴቶች የሚሞላ መጠይቅ

የመጠይቅ ቁጥር ---------- (በአጥኚው የሚሞላ)

በጥናቱ ጊዜ እድሜአቸው ከ15-49 ዓመት ያሉ ያገቡና ከባሎቻቸው ጋር የሚኖሩ ሴቶች ብቻ ይሞላሉ፡፡

የቀበሌው ስም /ቁጥር----------

ውድ ተጠያቂዎች

እኔ በማኅበራዊ ስነልቦና ትምህርት የድህረ ምረቃ ተማሪ ስሆን የዚህ ጥናት ዋና ዓላማ ከዘመናዊ የወሊድ መቆጣጠሪያ ዘዴ ጋር የተያያዙ ጉዳዮችን ለማወቅ ነው፡፡ ስለዚህ ለሚመለከትዎ ጥያቄዎች እውነተኛውን መልስ እንዲሰጡ በትህትና ይጠየቃሉ፡፡ የሚሰጡት ምላሽ ለጥናቱ ውጤት ብቻ የሚውል ነው፡፡

ለሚደረግልኝ ትብብር በቅድሚያ አመሰግናለሁ፡፡

የመረጃ ሰብሳቢው ስምና ፊርማ

ስም ---------- ፊርማ ---------- ቀን ----------

መመሪያ የ "X' መልክት በተሰጡት ሳጥኖች በመሙላት መልስዎን ይስጡ፡፡ በተወሰኑ ጥያቄዎች ከአንድ በላይ መልስ መስጠት ይቻላል፡፡

ክፍል አንድ የተወሰኑ ዲሞግራፊያዊ መረጃዎች

1. ዕድሜ ---------- ዓመት

2. በትዳር ዓለም ስንት ዓመትዎ ነው? ---------- ዓመት

ክፍል ሁለት፡- ከትናቱ ጋር ግንኙነት ያላቸው መረጃዎች

ሀ. ማህበራዊና ስነልቦናዊ ጉዳዮች

101. የመኖሪያ ቦታ 1. ገጠር ☐ 2. ከተማ ☐

102. ትምህርት ሁኔታ 1. ያልተማረ ☐ 2. የተማረ ☐

103. የባለቤትዎ የትምህርት ሁኔታ ምን ይመስላል?

1. ያልተማረ ☐ 2. የተማረ ☐

104. የሃይማኖት ሁኔታ 1. ኦርቶዶክስ ክርስቲያን ☐ 2. ሌላ ይግለጹ----------

105. በስንት ጊዜው ቤተክርስቲያን ወይም መስጊድ ይከታተላሉ?

1. በሳምንት ከአንድ ጊዜ በላይ ☐

2. በሳምንት አንድ ጊዜ ☐

3. ምንም አልከታተልም ☐

106. ስንት ልጆች አሉዎት? 1. ሴት---------- 2. ወንድ ----------

107. ተጨማሪ ልጆች እንዲኖርዎት ይፈልጋሉ? 1. አዎ ☐ 2. አልፈልግም ☐

108. የልጆችዎን ብዛት በተመለከተ ከእርስዎ ምርጫ ጋር ሲነፃፀር የባለቤትዎ ፍላጎት ምን የመስላል? 1. ከእኔ ጋር ተመሳሳይ ነው ☐ 2. ትንሽ ልጆች ☐

3. ብዙ ልጆች ☐ 4. አላውቅም ☐

109. ስለዘመናዊ ወሊድ መቆጣጠሪያ ዘዴ ሰምተው ያውቃሉ?

1. አዎ ☐ 2. የለም ☐ መልስዎ የለም ከሆነ ሌሎችን ጥያቄዎች አይመለሱ

110. የትኛው ነበር የመረጃ ምንጭዎ?

1. ባለቤቴ ☐ 2. ጎረቤት/ጓደኛ ☐ 3.ትምህርት ቤት ☐

4. መገናኛ ብዙሃን ☐ 5. የመንግስት ጤና ጣቢያ ☐

6. ሌላ ይግለጹ----------

111. የትኛውን ዘመናዊ ወሊድ መቆጣጠሪያ ዘዴ ያውቃሉ?

1. እንክብል ☐ 2. ሉፕ ☐ 3. በመርፌ የሚሰጥ ☐

4. በመጎጸን የሚገባ ☐ 5.የሚያመክን ☐ 6. ኮንዶም ☐

7. ሌላ ይግለፀ----------

112. ዘመናዊ የወሊድ መቆጣጠሪያ ዘዴዎች የሚገኙበትን ቦታ ያውቃሉ?

1. አዎ ☐ 2. አላውቅም ☐

113. ከባለቤት ጋር ስለዘመናዊ ሊድ መቆጣጠሪያ ተወያይተው ያውቃሉ?

1. አዎ ☐ 2. አላውቅም ☐ መልስዎ አላውቅም ከሆነ ወደ ጥያቄ 115 ይሂዱ

114. ምንያህል ጊዜ ከባለቤትዎ ጋር ስለዘመናዊ ወሊድ መቆጣጠሪያ ዘዴ ተወያይተው ያውቃሉ? 1. ሁሉጊዜ ☐ 2. አብዛኛውን ጊዜ ☐ 3. አንዳንድ ጊዜ ☐

115. ከሌላ ሰው ጋር ስለዘመናዊ ወሊድ መቆጣጠሪያ ዘዴ ተወያይተው ያውቃ? ከዘመድ ጓደኛ ወዘተ? 1.አዎ ☐ 2. አላውቅም ☐

116. ዘመናዊ ወሊድ መቆጣጠሪ መተቀምን ይደግፋሉ? ወይስ ይቃወማሉ?

1. እደግፋለሁ ☐ 2. እቃወማለሁ ☐

117. የሚቃወሙ ከሆነ ለምን? ምክንያቱም:-

1. ልጅ ከምንም በላይ ሀብት ስለሆነ ቁጥራቸው መገደብ የለበትም ☐

2. በቤተሰብ ውስጥ የሥራ ክፍፍል እንዲኖር የብዙ ልጆች መኖር አስፈላጊ በመሆኑ ☐

3. ልጆች በራሳቸው እድል ያድጋሉ ብዬ ስለማምን ☐

4. ለወላጆች ብዙ ልጆች መኖር ማለት በእርጅና ወቅት ብዙ ጧሪማግኘት ማለት መሆኑን ስለምስማማ ☐

5 ሌላ ይግለጹ ----------

118. ዘመናዊ የወሊድ መቆጣጠሪያ ዘዴን በሚመለከት የባለቤትዎ ሃሳብ ምንይመስላል?

1. ይደግፋል ☐ 2. የለም ☐ /አላውቀውም-------/

119. ከሚያውቋቸው ዘመናዊ ወሊድ መቆጣጠሪያ ዘዴዎች ውስጥ በጤና ላይ ችግር ያመጣል ብለው የሚያስቡት አለ?

1. አዎ ☐ የለም ☐ መልስዎ የለም ከሆነ ወደ ጥያቄ 121 ይሂዱ

120. ከሚከተሉት ውስጥ የትኞቹ ናቸው?

1. እንክብል ☐ 2. ሎፕ ☐ 3. በመርፌ የሚሰጥ ☐ 4. በማኅፀን የሚገባ ☐

5. ኮንዶም ☐ 6. የሚያመክን ☐ 7. ሌላ ይግለፀ----------

121. የዘመናዊ ወሊድ መቆጣጠሪያ ዘዴዎች ዋጋ ውድነው ብለው ያስባሉ?

1. አዎ ☐ 2. የለም ☐

ለ. ዘመናዊ ወሊድ መቆጣጠሪያ ዘዴን በሚመለከት

201. እርግዝናን ለማዘግየት ወይም ለመከላከል በአሁኑ ሰዓት ዘመናዊ ወሊድ መቆጣጠሪያ ይጠቀማሉ?

1. አዎ ☐ 2. አልጠቀምም ☐ መልስዎ አልጠቀምም ከሆነ ወደ ጥያቄ 205 ይሂዱ

202. በአሁኑ ሰዐት ለምን ዘመናዊ ወሊድ መቆጣጠሪያ ይጠቀማሉ?

1. እርግዝናን ለመከላከል ☐ 2. ልጅ አራርቆ ለመውለድ ☐

3. በህክምና ☐ 4. ሌላ ይግለጹ ----------

203. የትኛውን ዘዴ ነው በአሁኑ ሰዓት የሚጠቀሙ?

1. እንክብል ☐ 2. ሎፕ ☐ 3. በመርፌ የሚሰጥ ☐

4. በማኅፀን የሚገባ ☐ 5. የሚያመክን ☐ 6. ሌላ ይግለፁ

204. እንዚህ ዘዴዎች ከየት ያገኛሉ?

1. ከሆስፒታል /ክልኒክ/ ☐ 2. ከግል ጤና ጣብያ ☐

3. ከሱቆች ☐ 4. ሌላ ይግለጹ----------

205. ከአሁን በፊት ዘመናዊ ወሊድ መቆጣጠሪያ ይጠቀሙ ነበር?

1. አዎ ☐ 2. አልጠቀምም ☐

መልስዎ አልጠቀምም ከሆነ ወደ ጥያቄ 209 ይሂዱ

206 የትኛውን ዘዴ መጠቀም ይምረጡ ነበር?

1. እንክብል ☐ 2. ሎፕ ☐ 3. በመርፌ የሚሰጥ ☐

4. በማኅፀን የሚገባ ☐ 5. የሚመክን ☐ 6. ሌላ ይግለጹ--------

207. ዘመናዊ ወሊድ መቆጣጠሪያ ዘዴ የት ነበር የሚሄዱት?

1. ሆስፒታል/ክልኒክ ☐ 2. ግል ጤና ማዕከል ☐

3. ሱቆች ☐ 4. ሌላ ይግለጹ-------

208 ዘመናዊ ወሊድ መቆጣጠሪያ መጠቀም ለምን አቆሙ?

1. ልጅ መውለድ ስለፈለግኩ ☐ 2. የጤና ሁኔታ ☐

3. በጤና ላይ የሚያስከትለውን ጉዳት በመፍራት ☐

4. ባለቤቴ ስለሚቃወም ☐ 5. ዋጋ ውድ ስለሆነ ☐

6. ሌላ ካለ ይግለፁ----------

209 ዘመናዊ ወሊድ መቆጣጠሪያ ዘዴን ለምን ተጠቅመው አያውቁም?

1. ተጨማሪ ልጅ ስለምፈልግ ☐ 2. የጤንነት ችግር ስላለብኝ ☐

3. በጤና የሚያስከትለውን ከጉዳት በመፍራት ☐ 4. ባለቤቴ ስለሚቃወም ☐

5. ሃይማኖቴ ስለማይፈቅድ ☐ 6. ሌላ ይግለጹ----------

210. ዘመናዊ ወሊድ መቆጣጠሪያ ዘዴዎችን ለመጠቀም ወሳኝ በሆኑ ጉዳዮች ላይ የሚሰጡኝ ተጨማሪ አስተያየት ካለ ከዚህ በታች ይጻፉ።

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_____

ስለ ትብብሮ በድጋሚ አመሰግናለሁ!

Declaration

I, the undersigned, declare that this thesis is my original work and has not been presented for a degree in any other university and that all source of materials used for the thesis have been dully acknowledge.

Name Haftamu Abebe

Signature _____

Date of Submission _____

Place: Department of Psychology

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Addis Ababa

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

Name _____

Signature _____

Date of Submission _____