



**ADDIS ABABA UNIVERSITY FACULTY OF MEDICINE  
SCHOOL OF PUBLIC HEALTH**

ASSSSMENT OF UNMET NEED FOR FAMILY PLANNING, UTILIZATION AND  
FACTORS ASSOCIATED WITH UNMET NEED FOR FAMILY PLANNING AMONG  
CURRENTLY MARRIED WOMEN IN WOLISO DISTRICT, SOUTH WEST SHOA  
ZONE, OROMIA REGIONAL STATE, ETHIOPIA

BY

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A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES OF ADDIS  
ABABA UNIVERSITY, IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR  
THE DEGREE OF MASTERS OF PUBLIC HEALTH

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## DECLARATION

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

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SCHOOL OF PUBLIC HEALTH, COLLEGE OF HEALTH SCIENCES ADDIS ABABA  
UNIVERSITY

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## ACRONYMS

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>AAU</b>	Addis Ababa University
<b>CSA</b>	Central Statistical Authority
<b>CSW</b>	Commercial Sex Workers
<b>ICPD</b>	International Conference on Population and Development
<b>EDHS</b>	Ethiopian Demographic and Health Survey
<b>FP</b>	Family Planning
<b>FGD</b>	Focus Group Discussion
<b>FGAE</b>	Family Guidance Association of Ethiopia
<b>HHS</b>	House Holds
<b>IUCDs</b>	Intrauterine Contraceptive Device
<b>MOH</b>	Ministry of Health
<b>MCH</b>	Maternal and Child Health
<b>MCM</b>	Modern Contraceptive Methods
<b>NGO</b>	Non Governmental Organization
<b>NFFS</b>	National Fertility and Family Survey
<b>PPS</b>	Probability Proportional to Size
<b>REC</b>	Research and Ethics Committee
<b>SPSS</b>	Software Package for Social Studies
<b>WHO</b>	World Health Organization

## ABSTRACT

**Back ground:** Reproductive health implies that people have the capability to reproduce and the freedom to decide if, when and how often to reproduce. Sub-Saharan Africa countries face the highest birth rate and population growth rate in the world and Ethiopia is one of the countries with a high population growth rate, and it has become one of the most populous countries in Africa.

It is obvious that solutions are necessary to slow down the rapid rate of population growth all over the world including developing countries. Despite the availability of family planning services in health facilities the unmet need for family planning in Oromia Regional State however, remains high.

**Objectives:** the objective of this study is to assess the magnitude of unmet need for family planning and associated factors among currently married (in union) women of reproductive age in Woliso district, South West Shoa Zone, Oromia National Regional State.

**Methods:** Community based cross-sectional study was conducted from January to June 2013. Multi stage sampling technique was used, by using systematic sampling technique 875 respondents were selected from six kebeles. Both quantitative and qualitative data collection methods were employed. Data entry and cleaning was done by EPI INFO v3.5.1 and analysis was done using SPSS v16 statistical packages. Descriptive analyses using frequency and percentage were performed to describe the study population. Bivariate analysis with OR and 95%CI was done to determine the presence and magnitude of an association between independent variables and the main outcome variable (unmet need). Multivariate logistic regression analysis was done to determine independent predictors of unmet need. A cut-off point for significance was set at a P-value of less than 0.05.

**Results:** In this study the prevalence of modern contraceptive use among currently married women was 56.4% which is much higher than the national and Oromia regional state. Unmet need for family planning was found to be 21.1%, of which 13.6% was for spacing and 7.5% for limiting. Unlike other study, socio-demographic characteristics such as age at first marriage, age at first pregnancy, and Occupational status, were not found to be associated while religion, ethnicity and number of children a woman ever had showed significant association with unmet need for family planning.

**Conclusion:** Generally, this study indicated that the contraceptive prevalence in the study area was higher than that of national and Oromia. Religion, ethnicity and number of children a woman ever had been found to be factors associated with unmet need for family planning.

## 1. Introduction

### 1.1 Background (Too Short)

The decline in death rate and contained high birth rate in developing countries resulted in rapid population growth. Sub-Saharan Africa countries face the highest birth rate and population growth rate in the world. Family planning is one of the fundamental pillars of safe motherhood and reproductive right which has an important role in preventing unwanted pregnancy and reducing fertility rate (1).

Ethiopia is one of the countries with a high population growth rate, and it has become one of the most populous countries in Africa. The majority of the population resides in rural area and largely engaged in small-scale traditional farming which is highly dependent on rainfall. Understanding the magnitude of unmet need for modern contraception and reasons for nonuse among married women will help to design an appropriate family planning program.

'Family planning saves lives of women and children and improves the quality of life for all. It is one of the best investments that can be made to help ensure the health and well-being of women, children, and communities.' WHO1995. (3)

Family planning reduces mortality and morbidity from pregnancy and childbirth. Spacing childbirth with intervals of three to five years significantly reduces maternal, perinatal and infant mortality rates. Use of FP prevents the depletion of maternal nutritional reserves and reduces the risk of anemia from repeated pregnancies and birth. Pregnancy and childbirth poses special risk for some groups of women, adolescents, women older than 35 years of age, women with more than four previous births and women with underlying medical diseases. It is estimated that if all these high risk pregnancies are avoided through the use of family planning, 25% of maternal deaths can be prevented (18). Moreover, unwanted pregnancy leads to unsafe abortion with its resultant short term and long term complications that include death. These suffering and deaths from complications of unsafe abortion can be prevented with use of family planning (?).

Apart from limiting and spacing birth family planning methods have other non contraceptive benefits. If properly and consistently used condom provides protection

from sexually transmitted infections including HIV. The Lactational Amenorrhea Method (LAM) provides special nutritional benefits to the infant and protects the infant from infections. In addition, LAM establishes mother-child bonding in early life that continues through later life. It also reduces the risk of breast cancer in the mother (1).

## **1.2 Statement of the problem**

Today, more than 220 million women in developing countries report having an unmet need for family planning at different stages of their reproductive lives (1). These are women, either married or unmarried, who are sexually active and say that they want to postpone their next birth by at least two years, or do not want to have any more children at all, but they are not using any type of contraceptive method (2).

Shifts in preferences for having a child or in the timing of having a child often occur in response to changing life circumstances such as entering a serious relationship, attaining the level of education desired, or changes in household finances. The complexity of the issue underscores two important points: The transitional nature of the need for family planning can pose serious challenges for women and their partners' ability to control their reproductive lives; especially in countries where social and cultural barriers are prevalent and services are less available; and understanding these transitions enhances our ability to better meet couples' contraceptive needs (2).

Sub-Saharan Africa has the highest percentage of women with unmet need; approximately one out of every four women of reproductive age in the region or about 47 million women (4).

The resulting efforts to promote contraceptive use among these underserved women are based on the belief that fertility rates can be reduced by increasing both information about contraception and access to it (6).

The associated factors of each of the outcomes are examined in terms of demographic (parity), socioeconomic, geographic and females in Central Asia and Southeast Asia, the proportion of women with unmet need is lower at 18% and 14%, respectively. However, although Asia has lower proportions of women with unmet need, the size of the population is larger than in other regions. As a result, more than 100 million women

in South Central and Southeast Asia have an unmet need. Latin America and the Caribbean have the lowest proportion; only one out of 10 women has an unmet need for contraception (5).

Woliso District is selected purposively for this particular study, because the District has **low** health service **achievements** of Family planning 62%, ANC 89%, Institutional delivery 6%, Delivery assisted by health extension workers 10% and has **potential** health service coverage 86% and there is no similar studies done in the study area **(?)**.

## **2. Literature review**

### **2.1 Magnitude of Unmet need**

Today, 63% of women in developing countries use a method of family planning. In 1960, that number was just 10%. Despite this dramatic increase, about one in six married women still has an unmet need for family planning: that is, she wants to postpone her next pregnancy or stop having children altogether but, for whatever reason, is not using contraception. As a consequence, 76 million women in developing countries still experience unintended pregnancies each year, and 19 million resorts to unsafe abortions (8).

Unmet need for family planning refers to the condition of sexually active women who are wanting to stop childbearing or delay their next birth by at least two years, but are not using any method of contraception has been a core concept in the international population field for more than three decades. The concept had its origins in the first fertility and family planning surveys carried out during the 1960s. By the early 1990s, unmet need for contraception was firmly established as a core concept in the family planning and population policy literature. It appeared to demonstrate widespread demand for family planning services in many countries and a desire in nearly all societies to restrict fertility below prevailing levels (11).

Of the estimated 6.2 billion people living on the planet, approximately one billion are women aged 15–49 who are married or in union. More than three-fifths (61% or about 635 million) of women, who are married or in union, are using contraceptives (10). In the developing world, an estimated 137 million women who want to avoid a pregnancy are not using a family planning method and have an “unmet need” for family planning (10). Majority of these women would prefer to postpone their next pregnancy or not have any more children but are not using a modern method of contraception. It is estimated that up to 100, 000 maternal deaths could be avoided each year if women who did not want children used effective contraception (12). Globally, an estimated 55 percent of those with unmet need for family planning have a need for spacing and 45 percent for limiting (10).

The percent distribution of women using contraceptive methods varies by region, with a higher percentage (69%) of women using in developed than in less developed regions (59%). Further, the percentages of women using contraceptives are as high as 71% in Latin America and the Caribbean and as low as 27% in Africa. The great majority (approximately 90%) of women using contraception are relying on modern methods, with the most widely used method being female sterilization (21%), followed by IUDs (14%), and oral contraceptives (7%). While oral contraceptives and condoms are the most widely used methods in developed countries, by contrast, female sterilization and IUDs are the least widely used methods in developing countries (10, 12).

Contraceptive prevalence has been continually high in developed countries since the 1970s and has been increasing substantially over time in developing countries. The percentage of women who are married or in union and using contraception has increased by at least one percentage per year since 1990 in over half (56%) of developing countries. However, despite the widespread availability and use of modern contraceptives, substantial unmet need remains high. Of the estimated 705 million women aged 15–49 in developing countries, nearly 20% (137 million) are not using a contraceptive method even though they do not wish to become pregnant; and a total of 201 million women in developing countries are estimated to have an unmet need for effective contraceptives. Unmet need remains particularly high in sub-Saharan Africa and South Asia (13).

## **2.2 Socio economic factors for Unmet need**

For several decades, researchers have sought to reveal the factors that influence women to adopt contraception. Area of residence, levels of schooling and socioeconomic status have been shown to identify women who are most likely to use or not to use contraceptive methods. For example, survey data from developing countries in Asia, Africa and Latin America have consistently shown that rural women with few economic resources and little schooling have especially low levels of contraceptive autonomy factors. Socioeconomic factors include the respondent's level of educational attainment, the educational attainment of her husband, and whether the respondent

works in paid employment outside the home were also some of the factors that influence the non use of family planning service (7).

According to study done in Kenya the pattern of unmet need and total potential demand for modern contraceptive methods are significantly associated with women's age, level of education, household wealth, exposure to family planning messages, and employment variables. However, total unmet need is higher among women with a higher number of living children and those who have primary-level education. In addition women with unmet need are more likely to report method-related reasons for non-use of family planning methods. These findings imply that total unmet need and unmet for spacing and for limiting all decrease as the level of household wealth increases and contact with health providers creates more demand for family planning among married women and significantly associated with decreased total unmet need (14).

### **2.3 Impact of Family planning**

Family planning can reduce maternal mortality by reducing the number of pregnancies, the number of abortions, and the proportion of births at high risk. As contraceptive use increases in a population, maternal mortality decreases. It has been estimated that meeting women's need for modern contraceptives would prevent about one-quarter to one-third of all maternal deaths, saving 140,000 to 150,000 lives a year. It would also prevent a similar proportion of the injuries, infections, and long-term disabilities that result from pregnancy, childbirth, abortion and affect an estimated 15 million women annually (8).

Meeting the global unmet need for contraceptive services would result in preventing an estimated 52 million unintended pregnancies annually, which would in turn, prevent 23 million unplanned births, 22 million induced abortions, 7 million spontaneous abortions, 1.4 million Infant deaths, and 142,000 pregnancy-related maternal deaths 53,000 from unsafe abortions and 89,000 from other causes. Worldwide, an estimated 38% of pregnancies occurring each year are unintended and approximately 60% of these end in an induced abortion. An estimated 50 million abortions are performed each year with approximately 19 million considered by World Health Organization (WHO) to be unsafe. Approximately 55,000 unsafe abortions occur each day, resulting in the deaths of at

least 200 women. These deaths, over 95% of which occur in developing countries, account for approximately 13% of all maternal deaths (11).

According to study conducted in Ethiopia 1990 NFFS and 2005 EDHS Current use of contraceptive methods among currently married women tripled in the 15 years from 5 percent to 15 percent. The increase is especially marked for modern methods. Current use of modern methods doubled during the first 10-year period (from 3 percent in 1990 to 6 percent in 2000), and more than doubled during the last five years from 6 percent in 2000 to 14 percent in 2005. The rate of increase in the percentage of currently married women age 15-49 years currently using a modern contraceptive method was more rapid in rural than in urban areas and among uneducated than educated women, resulting in a narrowing of the urban-rural and educational differences. Contraceptive use in rural areas increased four fold from 3 percent in 2000 to 11 percent in 2005, while use in urban areas increased by 50 percent from 28 percent to 42 percent over the same period. Similarly, contraceptive use among women with no education increased by two and half times compared with a 39 percent increase among women with secondary and higher level of education (13).

The proportion of women with unmet need has declined in most countries except in sub-Saharan Africa where little change is apparent in 15 of the 23 countries with available trend data. Moreover, in the least developed countries, there are significant proportions of married women who are in need and have never used contraception, and who say that they do not intend to use any method. The proportion in this category has declined in many countries but remains a serious challenge in others. The proportion of the total demand for family planning, which has been satisfied, ranges from 11 percent in Chad to 94 percent in Vietnam. In sub-Saharan Africa, an average of 43 percent of demand for all methods is satisfied, while in the other regions the average is 77 percent. The total demand satisfied for modern methods ranges from 6 percent in Chad to 82 percent in Brazil (13).

#### **2.4 Reasons for high Unmet need**

According to a recent analysis of unmet need in several developing regions, about 24 percent of married women in sub-Saharan Africa have an unmet need for contraception.

The unmet need in Sub-Saharan Africa is predominantly for spacing (delaying) births rather than for limiting births. This is in contrast to other regions, where there is greater unmet need for limiting births. In the past decade, the level of unmet need has declined least of all in sub-Saharan Africa compared with other regions. Similarly, Data analysis from Ethiopia DHS confirms that the most common reasons given by married women for not using contraception are associated with access to supplies and services. Concerns about side effects, health effects, and inconvenience of methods were by far the most prominent. Method-related concerns are also common reasons for discontinuation of use among women with unmet need who had used family planning in the past (9, 17).

Use of modern contraceptive methods is lower in Ethiopia than in several other sub-Saharan African countries. It was twice as many currently married women in Malawi as in Ethiopia. At the same time, twice as many Ethiopian women are likely to use a modern method as women in Eritrea. Contraceptive use among the countries in the region ranges from a low of 2 percent in Chad to a high of 35 percent in Lesotho (13).

Similarly, in Butajira District (October to December, 2009) data showed that, the current contraceptive prevalence rate among married women is 25.4%. Unmet need of contraception is 52.4% of which 74.8% was attributed to spacing and the rest for limiting. Reasons for the high unmet need include commodities complaints related to providers, methods, diet and work load. Contraception is 2.3 times higher in urban areas compared to rural counter parts. Married women who attained primary and secondary plus level of education have about 1.3 and 2 times more risk to contraception; those with no child death are 1.3 times more likely to use contraceptives compared to counterparts. Besides, the odds of contraception are 1.3 and 1.5 times more likely among women whose partners completed primary and secondary plus level of education. Women discussing about contraception with partners were 2.2 times more likely to use family planning. Nevertheless, contraception was about 2.6 more likely among married women whose partners supported the use of family planning (31).

In recent years, as services have become available, uptake of long acting family planning (LAFP) has increased in Ethiopia Users. The most popular methods are

injectable 21% and implants 3%. From currently married women 25 percent have an unmet need for FP (32).

Contraceptive use in the postpartum period is very low in Ethiopia. Among Ethiopian women during their first year postpartum, 86% have unmet need for family planning while only 8% are using any method of family planning. Consistent with findings elsewhere, only 5% of women during this 12-months postpartum period desire another birth within two years. Meeting FP needs of postpartum women ensure healthy spacing of pregnancies which also improve health of mothers & babies (33).

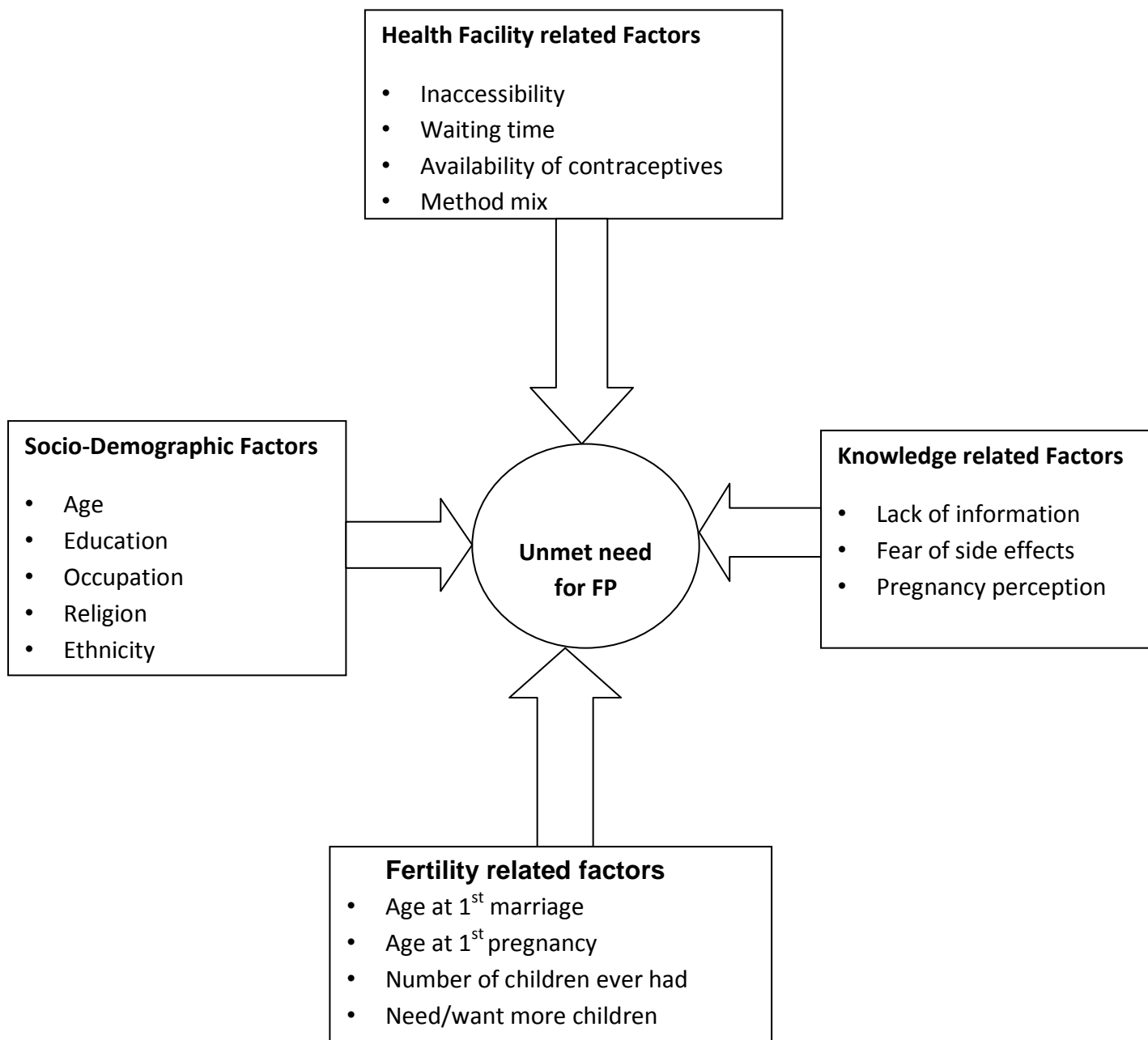


Figure 1: Conceptual frame work of factors associated with unmet need for family planning

### **3. Objective**

#### **3.1 General Objective**

This study is intended to assess the **magnitude, utilization** and factors associated with unmet need for family planning among currently married women of reproductive age in Woliso district, South West Shoa Zone, Oromia National Regional State.

#### **3.2 Specific objectives**

- To measure current contraceptive utilization rate among currently married women of reproductive age group.
- To assess the magnitude of unmet need for Family Planning among currently married women of reproductive age group;
- To identify factors associated with unmet need for family planning among currently married women of reproductive age group;

## **4. Methods and Materials**

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

South West Shoa Zone is one of 18 Zones in Oromia region found in the South West direction with a total population of 1,079,814 in 2013 and divided in to 11 woredas and 1 town administration comprising of 285 kebeles. Woliso District is one of the 11 districts in South West Shoa Zone having projected population of 173,998 (projected from the 2007 census) in 2013 and administratively the district is divided in to 37 rural and 1 urban kebeles. The district provides health service with one Hospital (NGO), 6 HCs and 31 HPs, which render reproductive health services and having health service coverage of Family planning 62%, ANC 89%, Institutional delivery 6%, Delivery assisted by health extension workers 10% and has **potential** health service coverage 86% in 2012 (**District annual report**).

The woreda is known with poor socio-economic development resulting in widespread poverty, low standard of living, poor environmental condition and inadequate health service coverage, with highly prevalent preventable infectious disease and nutritional deficiencies. This situation is further aggravated by the high population growth rate of the woreda. Recently there is no data showing the contraceptive prevalence rate and unmet need for family planning programs in the area.

The study was conducted **from** January **to** June 2013.

### **4.2 Study Design:**

The study design is a community based cross sectional study with a quantitative survey complemented by a qualitative study method.

### **4.3 Source Population:**

All married women in the reproductive age groups who are living in the district.

### **4.4 Study Population**

Currently **married/in union** women who are in the reproductive age (15-49 yrs) and who are residing in Woliso district and that fulfill the inclusion criteria.

**Inclusion Criteria:** claimed to be Fecund women who are married/in union/

**Exclusion Criteria:** claimed to be Infecund women, unmarried women and those who are seriously sick and could not communicate during an interview.

#### **4.5 Sample Size determination:**

The required sample size was calculated by using the formula of estimating a single population proportion for a cross-sectional survey

$$n = [(Z_{\alpha/2})^2 p (1-p)/d^2]$$

#### **Where**

n = the sample size required

z = the standard score (critical value) corresponding to 95% confidence level=1.96

p = prevalence of unmet need for FP in Oromia 29.9% (0.3)

d = is the margin of error b/n the sample and population taken to be 4.5% (0.045)

With a design effect of 2 and non-response rate of 10%.

The required sample size was calculated as follows:

$$N = [1.96^2 (0.3 \times 0.7) / 0.045^2] \times 2 = 796$$

The final sample size was  $796 + 10\% = 875$

#### **4.6 Sampling procedure:**

Multistage sampling technique was used to select the respondents of the study. First kebeles were stratified by their distance from nearby health facilities (health post), and communities from 24 kebeles were getting Health services within 5km distance and communities from 13 kebeles were getting Health services within 5-10 km of distance, there was only 1 urban kebele and there were no kebeles who travel more than 10 km to get health service in their kebeles. Accordingly, three kebeles from the first strata, two kebeles from the second strata were selected randomly, while one town kebele was selected purposively and a total of 6 kebeles were selected and included in the study.

To determine the total numbers of households to be included in the study, proportional allocation technique was employed to select number of households from each kebeles based on their population size. To select married women of reproductive age for interview, systematic random sampling technique was used by calculating K(the interval between the households to be selected ( $k= N/n$ )). If there were more than one married women within reproductive age group in a household, one is taken by lottery method. In the household where there was no married woman of reproductive age, the nearest household was included in the survey. For those households in which eligible woman was not found at home during an interview one more visit was made before deciding to go to the next household.

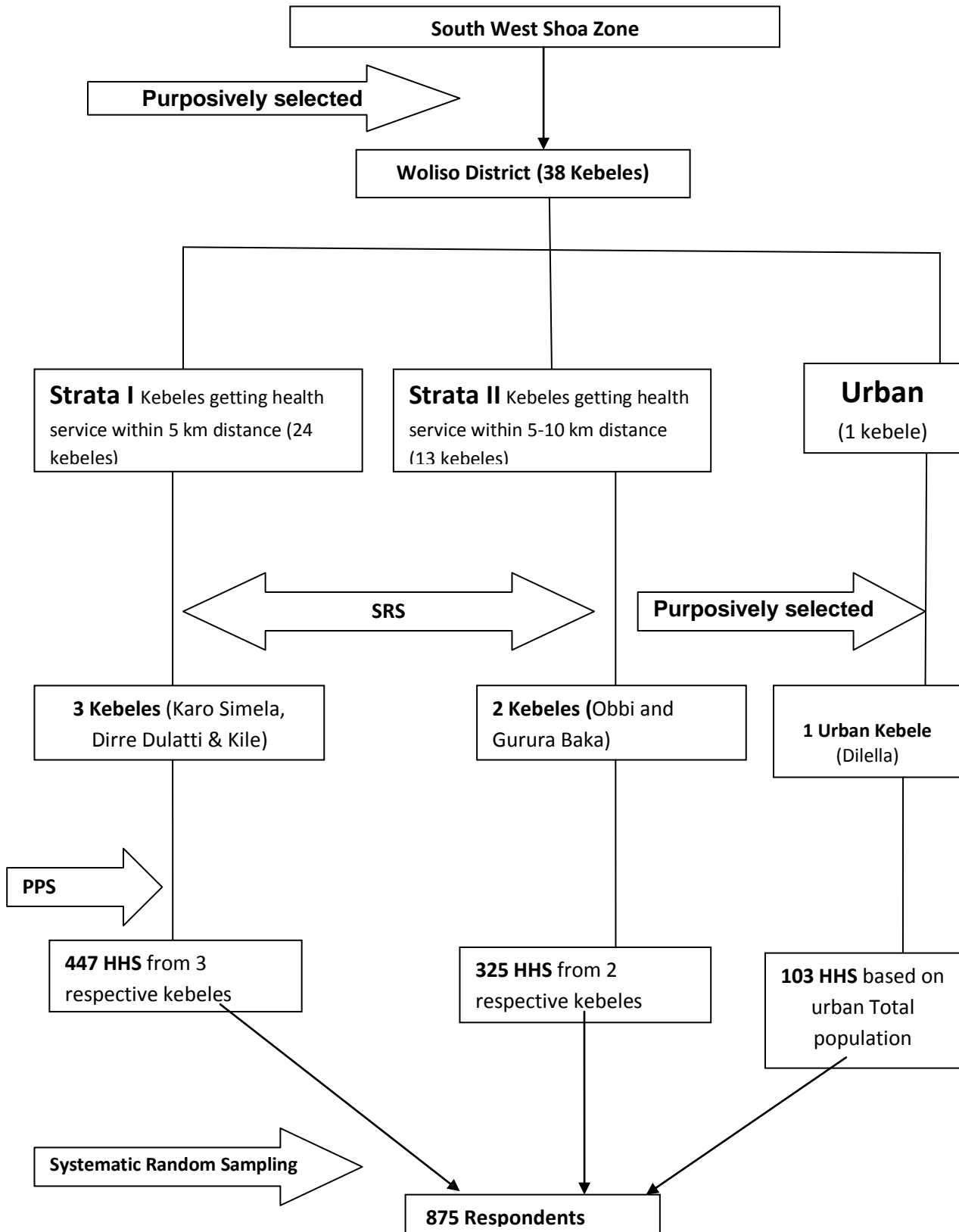


Figure2: Schematic presentation of sampling procedure for quantitative study

#### **4.7 Data collection procedures:**

Data for the quantitative study was collected using the structured questionnaires which have been reviewed to suit the local condition and have been prepared with an aim to answer the main study questions of the research in English language and have been translated into the local language (Afan Oromoo) then back to English by different persons to prevent possible misinterpretation. Before conducting the main study the questionnaire was pre-tested among married women at non study area **which accounts 10% of the total sample** to check its validity. Based on the result the questionnaire was modified as necessary.

Focus group discussions [FGD] were held after completion of quantitative data collection. Discussions with Fivefocus groups with each group consisting of 6- 8 participants were selected from the respective study sites. The participants of the FGDs were selected from different groups including: two FGD from currently married women in the reproductive age group [15 - 49], one FGD from District Health office experts and two FGD from Health service providers in the district. FGD guide/ checklist which contain a list of **semi-structured** questions that were supposed to explore the purpose of the study were used. The discussion was facilitated by a moderator (the principal investigator), assisted by a note taker and **the discussion was recorded using tape recorder.**

Training was given for data collectors and supervisors for three days on questionnaire, purpose of the study, on interviewing techniques and importance of privacy, discipline, and approach to the interviews and confidentiality of the respondents prior to the study.

#### **4.8 Variables in the study:**

**4.8.1 Dependent variable:** Unmet need for Family planning

**4.8.2 Independent variables:**

- Socio-demographic variables
  - ✓ Age of the respondents

- ✓ Educational status of the respondents (women)
- ✓ Occupation of the respondents
- ✓ Religion of the respondents (women)
- ✓ Ethnicity of the respondents (women)
- Client related factors (knowledge/perception/information);
  - ✓ Status of women in the family or communities
  - ✓ Lack of information
  - ✓ Misinformation
  - ✓ Fear of side effect
  - ✓ Need for more children
  - ✓ Pregnancy perception
- Obstetric/fertility related factors
  - ✓ Age at first marriage
  - ✓ Age at first pregnancy
  - ✓ History of past pregnancy
  - ✓ Number of pregnancy experienced by the respondent

#### **4.9 Data processing and analysis procedures:**

After data collection is completed, data entry and cleaning was done by using EPI-Info version 3.5.1 and analysis was done using SPSS version 16 statistical packages. During analysis frequencies of categorical variables with corresponding proportions was determined. Means with SD and medians were calculated for continuous variables; cross-tabulations with OR and 95% CI was calculated to observe the presence and strengths of the association between dependent (unmet need) and independent variables in the bivariate analysis. P-value <0.05 was set as a cut-off point to declare significance; Multiple logistic regression model was used to determine independent predictors of unmet need with all independent variable that have shown an association in the bivariate analysis ( $p < 0.2$ ). This analysis looked in why women in some socio-demographic categories have a greater unmet need than in others, and some of the factors that determine unmet need of family planning.

#### 4.10 Data Quality management:

To ensure the internal validity of the study, appropriate sample size, and proper sampling method were used. Proper training of data collectors and supervisors were carried out, pre-testing and standardizing of the questionnaires were made, the PI and supervisors made daily site supervision during the whole period of data collection, at the end of the day questionnaires were reviewed and checked for completeness, accuracy and consistency by supervisors and PI for which corrective measures were taken after discussion with all respective data collectors. Data were entered by experienced data clerk. The data entered was cross-checked with the hard copy, cleaned and corrected prior to analysis if there is any mismatches.

#### 4.11 Operational definitions

**Unmet need for family planning:-** the percentage of women who are currently married (in union) who are fecund and wants to wait at least two years before their next birth or stop bearing entirely, but are not using contraception (?).

**Unmet need for spacing:** the percentage of women who are unsure whether they want another child or who want another child after two years but not using any family planning methods (?).

**Unmet need for limiting:** the percentage of women who don't want another child but not using any methods (?).

**Total potential demand for family planning:** the percentage of married women who currently using contraceptive methods plus the percentage of married women with unmet need for family planning (?).

**Percentage of demand satisfied:** the percentage of married women who currently using contraceptive method/ percentage of married women with demand for family planning (?).

**Contraceptive prevalence rate:** the percentage of married women of reproductive age (15 – 49) who are currently using a contraceptive method at the time of the survey.

**Modern contraceptive methods:** are refers to clinic and supply methods such as voluntary surgical sterilization, IUDC, oral contraceptives, implants, injectables, condoms and vaginal barrier methods (?).

**Fecund:** A woman of reproductive age who has potential to conceive and reproduce.

#### **4.12 Ethical Consideration:**

Ethical clearance was obtained from Research and Ethics committee (REC) of the school of public health, Addis Ababa University. Before starting the field work, the regional Health Bureau was contacted for permission and official supporting and letter was written to South West Shoa Zone and Woliso district Administration & health offices respectively. Thorough discussion about the purpose of the study was made with the local authorities and with respondents before data collection. Explanation was made that participation was voluntarily, anyone who was not willing to take part in the study has the full right to do so and they can also withdraw from the study at any time. All potential participating women who assured that neither the interviewer nor their parents would have access to their responses. Finally, an informed verbal consent was obtained from all women to be interviewed. Privacy and confidentiality was maintained throughout the process of the study. There was no harm or benefit given to the participant in the survey. Participants who wanted to get family planning service but not know the sources were referred to the nearby health facilities and linked with the health extension workers.

## **5. Results**

### **5.1 Quantitative Study**

#### **5.1.1 Socio-demographic characteristics of the study subjects**

A total of 823 currently married women in the reproductive age group (15 -49 yrs) responded to the questionnaire, making a response rate of 94%. The majority of respondents were in the age group of 20–34 yrs (68.2%), while the minimum and maximum ages were 17 and 48 yrs respectively, and the mean age ( $\pm$  SD) 30.73 ( $\pm$  6.5) with the median age being 30 years.

Six hundred nineteen (75.2%) respondents were Oromos, followed by Gurage 168 (20.4%). While 480 (58.3%) were found to be uneducated, 277 (33.7%) and 66 (8.0%) attended primary and secondary & above education, respectively. Occupationally, the majority, 735 (89.3%) were house wives followed by petty trader 60 (7.3%). Five hundred twenty eight (64.2%) respondents were followers of Orthodox Christianity while 178 (21.6%) and 117 (14.2%) were Protestants and Muslims, respectively. (Table 1)

Table 1: Socio- demographic characteristics of currently married women in Woliso District, South West Shoa Zone, Oromia Regional State, June 2013.

<b>Variables</b>	<b>Number</b>	<b>Percent</b>
<b>Current age (years) n=823</b>		
15 – 19	11	1.3
20 - 24	121	14.7
25 - 29	247	30.0
30 - 34	193	23.5
35 - 39	162	19.7
40 - 44	65	7.9
45 - 49	24	2.9
Mean ± SD	30.73 ± 6.5	
<b>Religion</b>		
Orthodox	528	64.2
Muslim	117	14.2
Protestant	178	21.6
<b>Ethnicity</b>		
Oromo	619	75.2
Gurage	168	20.4
Amhara	36	4.4
<b>Educational Status</b>		
No Education	480	58.3
Primary	277	33.7
Secondary & above	66	8.0
<b>Occupation</b>		
House Wife's	735	89.3
Gov't Employee	28	3.4
Petty trader	60	7.3

### **5.1.2 Reproductive history of the study population**

Two hundred seventy two (33%) of the respondents were married before 18 yrs of age while 135 (16.8%) of them became pregnant before 18 yrs and 113 (14.1%) of them had given birth before the age of 18 yrs. The mean ages ( $\pm$  SD) for first marriage and first delivery were  $18.7 \pm (2.6)$  and  $20 (\pm 2.6)$  years, respectively. The majority, 635 (79.2%) had their first pregnancy between the age of 18 and 24 years. Six hundred seventy (81.4%) of them desired to have  $\leq 4$  children while 153 (18.6%) were desired to have  $\geq 5$  children. The minimum and maximum number of desired number of children was 2 and 8 respectively, with mean ( $\pm$  SD) of  $3 \pm (.6)$  children. Seventy eight (9.5%) of the respondents were found to be pregnant at the time of survey. (Table 2)

Table2: Past and current reproductive history of currently married women in Woliso District, South West Shoa Zone, Oromia Regional State, June 2013.

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
<b>Age at first marriage(n=823)</b>		
< 15	90	10.9
15 – 17	182	22.1
18 – 24	539	65.5
> 25	12	1.5
Mean ± SD	18.7± 2.6	
<b>Age at First Pregnancy(n=802)</b>		
< 15	45	5.6
15 – 17	90	11.2
18 - 24	635	79.2
>= 25	32	4.0
Mean ± SD	20± 2.6	
<b>Age at First Delivery(n=799)</b>		
< 15	28	3.5
15 – 17	85	10.6
18 – 24	647	81.0
> 25	39	4.9
Mean ± SD	20± 2.6	
<b>Desired # of children(n=823)</b>		
< 5	670	81.4
≥ 5	153	18.6
Mean ± SD	3 ± .6	
<b># of children ever had (n=823)</b>		
< 5	546	66.3
≥ 5	277	33.7
Mean ± SD	2.96± .89	
<b>Are you currently pregnant?</b>		
Yes	78	21.7
No	281	78.3

### 5.1.3 Current use, common source and preferred method of modern contraceptives among married women

Four hundred sixty four (56.4%) non pregnant currently married women were using family planning. About two-third, 307 (66.2%) of them were using injection form of contraceptive methods while 117 (25.2%) were using pills. The common sources of contraceptives were public health facilities namely Health Centers 246 (53.0%) followed by Health Posts, 210 (45.3%).

Table3: Current use, common source and preferred method of modern contraceptives among married women in Woliso District, South West Shoa Zone, Oromia Regional State, June 2013.

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
<b>Current use of contraceptive (n=823)</b>		
Yes	464	56.4
No	359	43.6
<b>Current source of contraceptive methods(n=464)</b>		
Gov. Hospital	2	0.4
Health Center	246	53.0
Health Post	210	45.3
Other	6	1.3
<b>Types of Currently used contraceptive methods (n=464)</b>		
Inject able	307	66.2
Pills	117	25.2
IUCD	33	7.1
Others (Nor plant & Surgical)	7	1.5

#### 5.1.4 Reasons for not using modern contraceptive methods among married women

Non contracepting women were asked reasons for not using a contraceptive. Accordingly the most frequently mentioned reason for not using contraceptive methods were fertility related reasons 59 (53.2%) followed by method related reasons 31(27.9%) and opposition to use 15 (13.5%) while, lack of knowledge about method or source was the least frequently mentioned reason 6 (5.4%). Among fertility related reasons the need to have more children 19 (32.2%) was the most frequently mentioned reason and health concern was 15 (48.4%) the most frequently mentioned of the method related reasons. (Table 4)

Table4: Reasons for not using modern contraceptive among married women in Woliso District, South West Shoa Zone, Oromia Regional State, June 2013.

Reasons	Frequency	Percent
<b>Fertility related reasons</b>	<b>59</b>	<b>53.2</b>
Sub-fecund/infecund	11	9.9
Want more Children	19	17.1
Menopausal/ Hysterectomy	17	15.3
Fatalistic	12	10.8
<b>Opposition to use</b>	<b>15</b>	<b>13.5</b>
Respondent Opposed	3	2.7
Husband/Partners opposed	8	7.2
Religious prohibition	4	3.6
<b>Knowledge related reasons</b>	<b>6</b>	<b>5.4</b>
Knows no method	3	2.7
Knows no source	3	2.7
<b>Method related reasons</b>	<b>31</b>	<b>27.9</b>
Health concerns	15	13.5
Fear of Side effects	9	8.1
Interferes with body's normal process	7	6.3

### **5.1.5 Exposure to family planning message and contact by health care providers**

In this study, only 348 (42.3%) of the respondents were exposed to different family planning message and the major sources of information were community events 180 (51.7%), Radio 120 (34.5%), TV 35 (10.1%). Four hundred seventeen (89.9%) respondents reported that their husband/respondents' knew about the method they were using and 10 (2.4%) of them are against the method their wives used. Out of 464 women who obtained their modern contraceptive method from health facilities 41 (8.8%) were not told about the side effect and what to do if side effect happens due to the methods they took. Three hundred seventy three (45.3%) of the respondents were visited by health care providers and discussed about family planning in the last 12 months. (Table 5)

Table5: Exposure to family planning message and contact by health care providers among married women in Woliso District, South West Shoa Zone, Oromia Regional State, June 2013.

<b>Variables</b>	<b>Number</b>	<b>Percent</b>
<b>Informed about the side effect of methods(n=464)</b>		
Yes	423	91.2
No	41	8.8
<b>Informed what to do if S/E appeared(n=464)</b>		
Yes	423	91.2
No	41	8.8
<b>Visited by Health care provider who talked to you about FP in the last 12 months (n=823)</b>		
Yes	373	45.3
No	450	54.7
<b>Have you heard about Family planning in the last 3 months(n=823)</b>		
Yes	348	42.3
No	475	57.7
<b>From where did you hear?(n=348)</b>		
Radio	120	34.5
TV	35	10.1
News Paper	7	2.0
Pamphlets	6	1.7
Community Events	180	51.7
<b>Does your husband/partner know that you are using a method of FP (n=464)</b>		
Yes	417	89.9
No	47	10.1
<b>Attitude of husband/partner's use of FP (n=417)</b>		
Supportive	402	96.4
Against	10	2.4
Neutral	5	1.2

### **5.1.6 Socio- demographic characteristics associated with unmet need for family planning among the study population**

Cross tabulations and Logistic regression analyses were carried out to determine the association between socio-demographic factors with unmet need for family planning among study participants. In the bi-variate analysis age of respondent at interview, religion, respondents educational status, ethnicity and number of children the respondents ever had have shown a statistically significant association with unmet need for family planning.

Older women (age  $\geq 25$  years) are about two times more likely than younger women aged 15-24 years to have unmet need for family planning, [COR (95%CI) = 1.99 (1.16, 3.41)].

Similarly, Muslim respondents are more than two times more likely than protestant religion followers to report unmet need for family planning which was statistically significant [COR (95%CI) = 2.11(1.18, 3.75)]. Followers of Orthodox Christianity were more than 50% more likely than protestants to have unmet need for family planning, however the association was not statistically significant,[COR (95%CI )1.56 (0.98, 2.46)].

Those respondents with primary or more education are about two times more likely than un educated participants to have unmet need for family planning [COR (95%CI) = 1.78 (1.25, 2.55)]

Considering Ethnicity Amhara ethnic groups are more than two times more likely than Gurage Ethnic group to report unmet need for family planning. The difference is statistically significant [COR (95%CI) = 2.23 (1.02, 4.85)].

Respondents who reported having five or more children are more than two times more likely to have unmet need for family planning compared to respondents who reported less than five children [COR (95%CI) = 2.21(1.57, 3.10)]. (Table 6)

**Table 6: Socio- demographic characteristics associated with unmet need for family planning among the study population in Woliso District, South West Shoa Zone, Oromia Regional State, June 2013.**

Variables	Unmet need for FP		OR, 95% CI
	Yes n(%)	No n(%)	
<b>Current Age</b>			
15 – 24 yrs	17 (12.9%)	115 (87.1%)	1.00
≥ 25 yrs	157 (22.7%)	534 (77.3%)	<b>1.99 (1.16, 3.41)**</b>
<b>Religion</b>			
Orthodox	115(21.8%)	413 (78.2%)	1.56 (0.98, 2.46)
Muslim	32 (27.4%)	85 (72.6%)	<b>2.11(1.18, 3.75)**</b>
Protestant	27 (15.2%)	151 (84.8%)	1.00
<b>Educational status</b>			
No Education	120 (25.0%)	360 (75.0%)	<b>1.78 (1.25, 2.55)***</b>
Primary & above	54 (15.7%)	289 (84.3%)	<b>1.00</b>
<b>Age at first marriage</b>			
< 18 yrs	59 (21.7%)	213 (78.3%)	1.05 (0.74, 1.50)
≥ 18 yrs	115 (20.9%)	436 (79.1%)	1.00
<b>Age at first Pregnancy</b>			
< 18 yrs	50 (21.0%)	188 (79.0%)	0.95 (0.66, 1.38)
≥ 18 yrs	123 (21.8%)	440 (78.2%)	1.00
<b>Ethnicity</b>			
Oromo	127 (20.5%)	492 (79.5%)	1.02(0.67, 1.55)
Amhara	13 (36.1%)	23 (63.9%)	<b>2.23 (1.02, 4.85)**</b>
Gurage	34 (20.2%)	134 (79.8%)	1.00
<b>Occupation</b>			
House wife	156 (21.2%)	579 (78.8%)	1.05 (0.61, 1.81)
Others	18 (20.5%)	70 (79.5%)	1.00
<b># of children ever had</b>			
< 5 children	90 (16.5%)	456 (83.5%)	1.00
≥ 5 children	84 (30.3%)	193 (69.7%)	<b>2.21 (1.57,3.10)****</b>

\*\*= P<0.05,

\*\*\*= P< 0.01,

\*\*\*\*= P< 0.001

### 5.1.7: Multiple logistic regression analysis

To minimize the effect of confounding variables on the outcome variable and to determine an independent predictor of unmet need for family planning, all independent variables that had shown significant association with dependent variables (unmet need for family planning) in the bi-variate analysis, such as current age of respondents, religion, educational status, Ethnicity and number of children a woman ever had been analyzed were fit into a logistic regression model. As a result only three variables, Religion, Ethnicity and number of children a woman ever had remain to be significantly associated with the outcome variable, while the others showed no significant association with unmet need for family planning in multiple logistic regressions. Accordingly respondents whose religion was Orthodox Christianity and Muslim were compared with protestant and found significantly more likely to have unmet need for family planning with [AOR (95%CI) = **1.75 (1.06, 2.89)** and, **2.23 (1.17, 4.22)** respectively.

Respondents whose Ethnic group was Amhara compared with Gurage were significantly more likely to have unmet need of family planning with [AOR (95%CI) = **3.10 (1.32, 7.27)**]

Number of children ever a woman had  $\geq$  five also remained statistically significant with unmet need, as compared to those whose number of children ever had  $<$  five were significantly more likely to have unmet need of family planning with [AOR(95%CI) = **1.91(1.32, 2.75)**] (Table 7)

Table 7: Results of multiple logistic regression analysis for possible explanatory variables of unmet need for family planning among the study population in Woliso District, South West Shoa Zone, Oromia Regional State, June 2013.

Variables	Unmet need for FP		COR, 95% CI	AOR, 95% CI
	Yes n(%)	No n(%)		
<b>Current Age</b>				
15 – 24 yrs	17 (12.9%)	115 (87.1%)	1.00	1.00
≥ 25 yrs	157 (22.7%)	534 (77.3%)	<b>1.99 (1.16, 3.41)</b>	1.56 (0.89, 2.74)
<b>Religion</b>				
Orthodox	115(21.8%)	413 (78.2%)	1.56 (0.98, 2.46)	<b>1.75 (1.06, 2.89)**</b>
Muslim	32 (27.4%)	85 (72.6%)	<b>2.11(1.18, 3.75)**</b>	<b>2.23 (1.17, 4.22)**</b>
Protestant	27 (15.2%)	151 (84.8%)	1.00	1.00
<b>Educational status</b>				
No Education & Primary	120 (25.0%)	360 (75.0%)	<b>1.78 (1.25, 2.55)***</b>	1.41 (0.96, 2.06)
Secondary & above	54 (15.7%)	289 (84.3%)	1.00	1.00
<b>Ethnicity</b>				
Oromo	127 (20.5%)	492 (79.5%)	1.02 (0.67, 1.55)	1.06 (0.66, 1.71)
Amhara	13 (36.1%)	23 (63.9%)	<b>2.23 (1.02, 4.85)**</b>	<b>3.10 (1.32, 7.27)***</b>
Gurage	34 (20.2%)	134 (79.8%)	1.00	1.00
<b># of children ever had</b>				
< 5 children	90 (16.5%)	456 (83.5%)	1.00	1.00
≥ 5 children	84 (30.3%)	193 (69.7%)	<b>2.21(1.57, 3.10)****</b>	<b>1.91 (1.32, 2.75)***</b>

\*\*= P<0.05,

\*\*\*= P< 0.01,

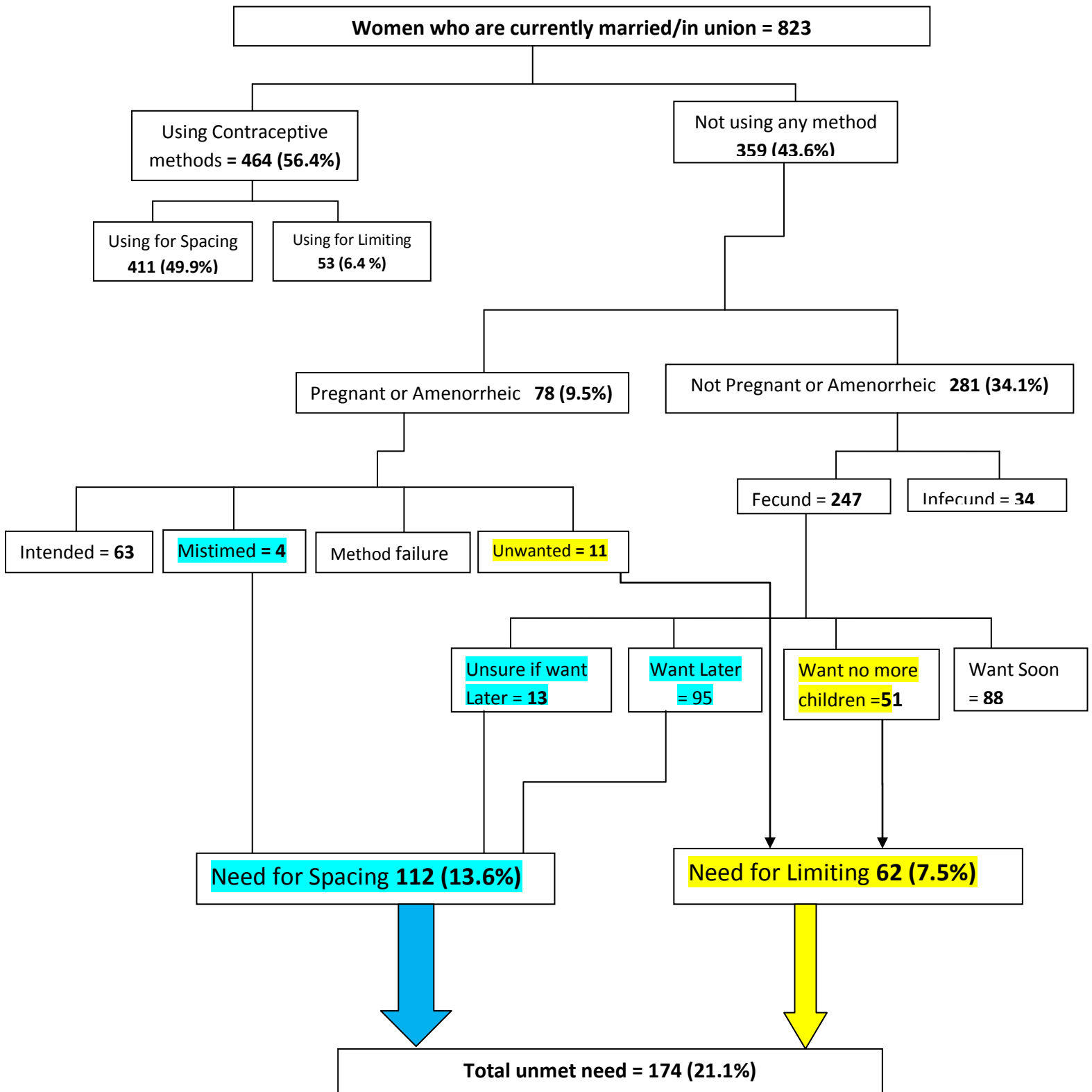


Figure: 3 Unmet need for family planning among currently married women in Wolisso woreda, South West Shoa zone, Oromia Region June 2013.

## 5.2 Qualitative Study results

### 5.2.1 Focused group discussion participants and objectives

In this study five Focus Group Discussions (FGDs) were conducted to supplement findings of the quantitative study. Of the five focused group discussion sessions, two discussion sessions were conducted with married women of 18-49 years age group whose mean age was 30.6 years while two discussion sessions were conducted with health care providers and the remaining one discussion session was conducted with district health office staffs. The number of participants in each respective group ranges from 6–8 and before starting the discussion the general objectives and importance of study was introduced to facilitate free discussion and participation. All participants understood clearly the objectives of study and show willingness to participate. Based on the semi-structured discussion guide, relevant information was obtained, and the findings of FGDs are summarized as the following.

### 5.2.2 Knowledge about modern Family Planning methods

Participants in both FGD have explained that currently in their locality women who wants to take contraceptive methods can get some methods easily from nearby health facility (health posts) though there is shortage of inject able form sometimes. They also mentioned type of modern contraceptive method they knew, Oral Contraceptive Pills (OCPs), Injectables, IUCD, Norplant and Male Condom were among the most frequently mentioned modern contraceptive methods while Female and Male sterilization were the less frequently mentioned modern contraceptive methods .

Majority of the respondents agreed that modern contraceptive methods has lots of advantages like, prevention of unwanted pregnancy, child spacing, limiting family size, menstrual regulation and prevention of sexually transmitted infections. To elaborate this idea one middle age woman who has four children said, *“I was using oral contraceptive pills for consecutive five years with out any problem and protected from unwanted pregnancy and additionally explained that health professionals advised us the use of condom to protect sexually transmitted infections.”*

### **5.2.3 Reasons for not using modern Contraceptive methods**

Out of several reasons why women in the respective study area were not using modern Contraceptive methods is that most commonly mentioned and agreed up on were health problems like (Hypertension, heart diseases and gastritis), side effects of the methods, lack of good nutrition. Religious prohibition and fear of husband as there is no free discussion between husband and wife on their reproductive issues and rumors such as infertility if taken for a long period of time.

To strengthen this idea, one young woman said:

*“Most of women in our locality know about Modern Contraceptive Methods, but some of them did not use it; because of different rumors. I remember one of my relative told me that she was using OCP for five years and she got pregnant while taking the pill and one of my neighbor told me that she was using injectable contraceptive method for consecutive three years and by the time she want to be pregnant, though she stopped using it she could not get pregnant. Currently she is advising others not to take modern contraceptives by saying you may remain with only one child like me or not at all if you do not have before.”*

Another middle age participant said

*“Most of the time health professionals do not tell us about the side effects of each contraceptive deeply; even they did not ask us whether we are comfortable or not with the method we took previously when we come for the next visit. So, most clients do not go back to the health facility to take the method if they develop side effects”. She concluded by saying, “it’s better if the health workers explain briefly and clearly about the side effect and what to do when it happens especially for the new clients.”*

### **5.2.4 Ideal Family size**

Most of the participants mentioned that the best ideal family size one need to have is 2–4 children. However, the number of children to have must depend on the economic status of each family, so that who have enough farming land and animals could have many children.

Common problems related to large family size were: food shortage, inability to well dress, shortage of farm land, retarded growth and mothers could face problem during delivery.

### **5.2.5 Status of Family planning in the district/ catchment area**

All participants said, *“The utilization of contraceptive methods in our catchment area shows improvement from time to time. This is because knowledge of people about importance of family planning increases gradually and as health extension workers assigned in respective kebele and health information is given on routine basis, the awareness of community increases and changes their attitude towards utilization of family planning.”*

They also said that limited types of methods especially in health post minimize the free choice of clients for methods. Most of the time clients get the method they preferred to use even when they want the method not available, like the most commonly preferred contraceptive method by clients Depo-Provera, if shortage arises clients are referred to nearby health center. Concerning the reasons why married women in their district did not use contraceptive methods, when she did not want to get pregnant, discussant said *“using contraceptive method need good nutrition to prevent its side effect and fear of infertility are the commonest rumors in the community.”*

### **5.2.6 Suggested comments to improve the utilization of FP services**

Following the question forwarded to the group to give comments and suggestion to improve family planning services in their district / catchment, they responded that *“many of the women have the knowledge and awareness about the benefits of family planning services.”* Therefore, they agreed up on making all types of modern contraceptives available at all time in respective health facilities in the district, if improvement in the utilization of family planning service is needed.

## 6. Discussion

This community based cross sectional survey uses information gathered from 823 currently married reproductive age (15-49 yrs) women to estimate the magnitude and associated factors of unmet need for family planning for rural Wolisso woreda.

The results of this study revealed that the prevalence of contraceptive use among currently married women in the study area was 56.4% which is much higher than what EDHS 2011 report showed for Ethiopia (27.3%) and Oromia Regional State (24.9%). This finding is comparable to the EDHS 2011 report for the Addis Ababa City (56.3%).

This could be due to presence of health extension workers in respective locality which could go in line with the information gained during focus group discussion (qualitative study) which indicates contraceptive users in the area increases from time to time especially after the existence of health extension workers in the respective kebeles/Health posts as HEWs can supply during home visit for their clients.

Family planning services are available and accessible in all health facilities of the study area such as Health centers and Health posts and also affordable (free of charge) in all health facilities. The result of this study revealed that contraception non users rate was high with 359 (43.6%) of currently married women in the district were not using any form of contraception by the time of the study. Though contraceptive use in the woreda is improving and among the highest, more than two fifths of currently married women are not using contraception. This indicates that there is much need for counseling services for family planning. Among those women who were not using the methods during the survey period, two third (256) of them intended to use modern contraceptive methods in the future while, among the current users 464 (56.4%) majority of the respondents three fourth (307) were using injectable contraceptive method. The possible reason why the majority of respondents are using injectable form could be that the injection form are taken every three months and needs not to remember to take on every day basis like that of OCP and could be also due to unavailability of permanent or long acting contraceptives at health post which was consistent with qualitative study as it explained that the injectable form of contraceptive form has shortage in health post which could

affect the freely informed choice of methods by client and may result in unmet need for family planning.

The result of this study showed that the common sources of contraceptives were public health facilities like, Health Center 246 (53%) followed by HP 210 (45.3%) and others 8 (1.7%), similarly EDHS 2011 report showed that public sector is the major source of modern contraceptive methods in Ethiopia, serving 82% of users. Of 464 (56.4%) currently married women of the study area who were using modern contraceptive methods 411 (49.9%) were using to space birth while 53 (6.4%) of respondents were using for limiting birth.

Findings in this study showed that, among seventy eight currently pregnant married women 67 (85.9%) of them want the pregnancy and 11 (14.1%) did not want the pregnancy at all. From these about 63 (80.8%) of them wanted the pregnancy before two years while 4 (5.1%) wanted the pregnancy after two years. Other study conducted in eastern Ethiopia showed that about 33% of pregnant women reported that their current pregnancies are unwanted (23), which was much lower than the finding of this study; Seventy eight percent of married Ethiopian women want to either stop or postpone childbearing, which indicates that about four out of five are in need of FP services (22).

Unmet need in this study was , one hundred seventy four (21.1%), out of which 13.6% of them wants to space their next birth for at least two years, and 7.5% prefer not to have any more children which, was lower in compared to, EDHS 2011 report which showed that 25.3% currently married women have an unmet need for family planning services; 16.3% and 9% have a need for spacing, and a need for limiting respectively, at national level, while highest unmet need for family planning in Oromia 29.9% and lowest unmet need for family planning in Addis Ababa 10.6% .Trend analysis of Ethiopian demographic and health survey, on unmet need for family planning in Ethiopia, over the year of 2000 and 2005 indicate the decreased unmet need for family planning in most regions.

The decreased level of unmet need in the study area as compared to EDHS report of the Oromia region could be attributed to the awareness raising about contraceptive use by HEWs and the implementation of health extension program at a household level and

the strong and continuous FP services rendered locally by female health extension workers.

Among those women who were not using the methods during survey period 52.4% of currently married female nonusers intend to use family planning in the future, while 26.7% of them were not intending to use any form of modern contraceptive methods in the future. EDHS 2011 report showed that, more than half (56%) of currently married female nonusers in Ethiopia intends to use family planning in the future, while 41% do not and seems consistent with this study. Among different reasons mentioned by non users of modern contraceptive why they did not intend to use in the future is that, fertility related reasons (53%), method related reasons (27.9%), opposition to use (13.5%) and knowledge related reasons (5.4%) were reasons mentioned not to intend to use in their future life time.

The result of this study revealed that Orthodox Christianity and Muslim were more likely having two times unmet need for family planning compared to protestants [AOR (95%CI) = 1.75 (1.06, 2.89) and, 2.23 (1.17, 4.22) respectively. Most of the studies conducted on religion affiliation and contraceptive usage showed that there is a great difference among different religion origin to use modern contraception (35, 36). In this study Amhara Ethnic group were three times more likely to have unmet need for family planning than Gurage Ethnic group [AOR (95%CI) = 3.10 (1.32, 7.27)]. Similarly a study conducted in Butajira (17) identified difference in family planning use among different ethnic groups.

Regarding the number of children a Woman ever had  $\geq$  five are two times more likely than women with fewer children to have unmet need for family planning [AOR (95%CI) = 1.91(1.32, 2.75)]. As the number of live children increase the level of unmet need also increases which is in agreement with findings of other studies (9, 14).

## **7. Strength and Limitation of the study**

### **7.1 Strength**

- In this study Qualitative study results complement (triangulates) the results of quantitative study.
- The study subjects were selected using random sampling technique, which help to avoid selection bias.
- Use of logistic regression helped to control possible confounding factors in order to assess the relative effect of independent variables.

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

- Because of the nature of cross-sectional study, it's impossible to determine the cause and effect relationship from this study.
- Involving only married women to assess the unmet need and associated factors could obscure other associated factors

## 8. Conclusion:

- Generally this study revealed that the prevalence of contraceptive use among currently married women in Wolisso woreda was much higher than the national and Oromia Regional State prevalence.
- Unmet need in this study was, found to be lower than the national and the regional figure. Yet it is one of the highest (21.1%), out of which 13.6% was for spacing and 7.5% was for limiting.
- The common socio-demographic characteristics such as age at first marriage, age at first pregnancy, and Occupational status, were not associated with unmet need for family planning while religion, ethnicity and number of children a woman ever had were found to be significantly associated with unmet need for family planning, (i.e. predictors of unmet need for FP in the study area).
- Fertility related reasons, method related reasons, knowledge related reasons, and opposition to use were reasons mentioned not to intend to use contraceptive methods.

## **9. Recommendation:**

- Woreda Health office, should avail different contraceptive methods especially for health posts as this could enable users to select the methods they need
- Health care providers should work hard on creation of awareness to bring change on perception of rumors on modern contraception methods by all concerned stakeholders.
- Health extension workers need to focus on advocacy, and creating awareness about different family planning methods and their possible side effects, as this could minimize misperceptions about modern contraceptive methods.
- For researchers, exploratory study shall be under taken to find further association between different socio-demographic factors which could have relationship with unmet need for family planning.

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## 11. Annexes

### Annex-A

#### Information and consent Sheet English version

1. Name of kebele \_\_\_\_\_

2. Questionnaire identification number \_\_\_\_\_

**Introduction:** My name is \_\_\_\_\_; I work in this region. I am a member of the research team of Addis Ababa University Medical Faculty School of Public Health. I would like to inform you that you and I would have a short discussion concerning this study. Before we go to our discussion, I will ask you to listen carefully to what I am going to read to you about the purpose and general condition of the study and tell me whether you agree or disagree to participate in this study. I am interviewing married women of reproductive age group who are living in this kebele about Assessment of unmet need for family planning. You are selected to be one of the participants in the study. The study will be conducted through interview. The information you give us is confidential and will be used only for study purpose. A code number will identify every participant and no names will be used. If a report of result is published, only summarized information of the total group will appear. The interview is voluntary and you have the right to participate or not to participate at any time during the interview. Your refusal will not have any effect on services that you or any members of your family receive. However, your participation is important to fulfill the study and design family planning service for users in your district and similar setups.

#### Consent

Are you willing to participate in the study?    1. Yes    2. No

Thank you

If the study subject agrees to participate in the study, start the interview.

Interviewer signature certifies that the informed consent has been given verbally.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Month \_\_\_\_\_ 2013

Result:      Completed \_\_\_\_\_

                  Refused \_\_\_\_\_

                  Partially completed \_\_\_\_\_

                  Others (specify) \_\_\_\_\_

Checked by supervisor

                  Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Annex-B

### Structured questionnaires English version

Addis Ababa University Medical Faculty School of Public Health to assess the magnitude of unmet need for family planning and factors influencing contraceptive utilization among married women of reproductive age group (18-49 years) in Woliso district, South West Shoa Zone, Oromia region.

#### Part I. Identification

Question number	Questions	Response	Skip to question
001	Questionnaire code	_____	
002	Date of interview	_____	
003	Name of Zone	_____	
004	Name of woreda	_____	
005	Name of the kebele	_____	
006	Name of Goti	_____	
007	Strata number	_____	
008	House no (for urban only)	_____	
009	No of Family members	_____	

**Part II. Demographic and socio-economic Characteristics**

Question number	Questions	Response	Skip to question
101	How old are you?	1. _____ years 2. I don't know 3. No response	
102	What is your religion?	Orthodox Muslim Protestant others (Specify) -----	
103	To which ethnic group do you belong?	Oromo Amhara Gurage Others(specify) _____	
104	What is your current educational status?	No education Primary Secondary and above	
105	What is your current occupation?	House wife Government employee Petty trader Others (specify) -----	

### Part III. Reproductive health Characteristics

Question number	Questions	Response	Skip to question
201	At what age did you first married?	1. _____ age of year 2. I don't remember 3. no response	
202	Have you ever been pregnant?	1. Yes 2. No _____ 3. I don't remember _____ 4. no response _____	211 204 204
203	If answer to question number 202 is yes, how old were you when you first got pregnant?	1. _____ year 2. I don't remember 3. no response	
204	Now I would like to ask you about all the births you have had during your life. Have you ever give birth?	1. yes 2. no _____ 3. no response _____	209
205	How old were you when you born your first child?	1. _____ year 2. I don't know remember 3. no response	
206	How many birth have you had during your life time?	Enter total number _____ 1. sons _____ 2. Daughtter _____	
207	Number of living children	0 1-2 3-4 5+	
208	Ideal number of children	0 1-2 3-4 5+	
209	Are you currently using any modern contraceptive method to delay pregnancy or to avoid getting pregnancy?	Yes _____ No _____ 3. I am not sure 4. no response	225 212

Question number	Questions	Response	Skip to question
210	If you have could go back to the time you don't have children and could choose exactly the number of children to have in your life, how many children could that be?	1.Enterthe number _____ 2.I don't know 3. no response	
211	How many children would like to have in your life?(for those who don't have children)	1.Enter number 2.not yet decided 3.no response	
212	Are you currently pregnant?	1.yes 2.no _____ 3. I am not sure _____ 4.no response _____	
213	If Answer to question number 212 is yes, is the pregnancy?	1. Wanted now 2. Wanted later 3. Not wanted at all 4. No response	
214	Within a year after the birth of child you are expecting now, will you use modern contraception ( for pregnant)	1.Yes _____ 2. No _____ 3. Not yet decided 4. no response	217 225
215	Do you intended to use modern contraception within a period of 12 months starting from the birth that occurred within the last six months (for women who have gave birth within the last six months)	1.yes 2.no _____ 3. not yet decided 4. no response	223
216	If the answer to question 214 is yes, would you like to use contraceptive method for limiting or for spacing?	1.for spacing _____ 2. for limiting _____ 3. I don't know _____ 4. no response _____	224 224 224 224
217	If the answer to question 215 is yes, would you like to use contraceptive method for limiting or spacing?	1.for spacing _____ 2. for limiting _____ 3. I don't know _____ 4. no response _____	224 224 224 224
218	If you are not currently pregnant or did not give birth since six months or unwilling to response if you currently pregnant would you like to have another or not have any more?	1.have another child 2. No more children _____ 3. not yet decided _____ 4. no response _____	224 224 224
219	Do you ever use any modern contraceptive method to prevent this unwanted pregnancy?	1.Yes 2. no 3. no response	

220	If the answer to question number 219 is no, what were the reasons for not using the methods? Don't probe circle all	<b>Fertility related reason</b> 1. Breastfeeding 2. Subfecound/infecound 3. Fatalistic 4. not having sex 5. infrequent sex 6. menopausal/hysterectomy 7. wants more children <b>Opposition to use</b> 8. Respondent opposed 9. husband/partner opposed 10. Others opposed 11. Religious prohibition <b>Lack of knowledge</b> 12. Knows no method 13. Knows no source <b>Method related reasons</b> 14. Health concerns 15. Fear of side effects 16. Lack of access/too far 17. Cost too much 18. Inconvenient to use 19. interferes with body's normal process 20. Method not available 21. Others (SPECIFY) _____ 22. Don't know	
221	If the answer to question number 218 is choice 1, how long would you like to wait from now before the birth of another child?	1. <2years 2. >2years _____ 3. not yet decided _____ 4. no response _____	223 223 223
222	Would you intended to use modern contraceptive within 12 months from now?	1. yes _____ 2. no 3. Not yet decided 4. no response	226
223	If you are not going to use modern contraceptive method, would you tell me the main reason? don't probe Circle all possible response.	<b>Fertility related reason</b> 1. Breastfeeding 2. Subfecound/infecound 3. Fatalistic 4. not having sex 5. infrequent sex 6. menopausal/hysterectomy 7. wants more children <b>Opposition to use</b>	

		8. Respondent opposed 9. husband/partner opposed 10. Others opposed 11. Religious prohibition <b>Lack of knowledge</b> 12. Knows no method 13. Knows no source <b>Method related reasons</b> 14. Health concerns 15. Fear of side effects 16. Lack of access/too far 17. Cost too much 18. Inconvenient to use 19. interferes with body's normal process 20. Method not available 21. Others (specify) _____ 22. Don't know	
224	Which method would you like to use? don't probe Circle all mentioned response	1. Female sterilization 2. Male sterilization 3. Diaphragm/foam/jelly 4. Pill 5. IUD 6. Condom 7. Others (specify) _____	
225	If the answer to question number 209 is yes, from where are you can obtain a method of family planning?	1. Gov. hospital 2. Health center 3. Health post 4. Private health facility 5. Others (specify) -----	
226	Which method are you using?	1. Female sterilization 2. Male sterilization 3. Diaphragm/foam/jelly 4. Pill 5. IUD 6. Condom 7. Others	
227	The method you obtained last time, how much did you pay in total including the cost of the method and any consultation you have had?	1. Free 2. If paid specify _____ 3. Don't know	
228	Were you ever told by health worker about the side effect or problems you	1. yes 2. no	

	might have with the method?		
229	Were you told what to do if you experienced side effects or problems?	1.Yes 2.no	
230	At that time, were you told when you obtained the family planning methods that you could use?	1. yes 2. no	
231	Were you told about other methods of family planning methods other than you are using now?	1.Yes 2.No	
232	Were you ever told by a health facility/family planning worker /reproductive health agent about different methods of family planning that you could use?	1.Yes 2.No	
233	In the last 12 months, were you visited by a community based health agent/distributor who talked to you about family planning?	1.Yes 2.No	
234	In the last 12 months, have you visited a health facility for care of yourself (or your children)	1. Yes 2.No	
235	Did any staff member at the health facility speak to you about family planning methods?	1. Yes 2. No	
236	Have you heard about family planning in the last three months?	1.Yes 2.No	
237	If the answer to question number 236 is yes, from where are you heard? (Circle all mentioned by the respondent)	1. On the radio? 2. On the television? 3. In a newspaper or magazine? 4. In pamphlet/poster/ leaflets/ booklets? 5. At a community event?	
238	Does your husband/partner know that you are using a method of family planning?	1. yes 2. No 3. Don't know	
239	What is your partner's attitude towards using modern contraceptive method?	1.supportive 2.aganist 3.neutral 4.Don't know 5. any other idea	

## **Annex - C: Focus group guide English Version**

### **Focus group guide for currently married women**

Greeting!

Hello dear participants! Wishing it would help in improving family planning services in the future in your locality we would have this Focused group discussion. We hope that the discussion we would be having with you is very much useful to strength the quality, availability, and access to contraceptive in general and to know why married women are not using a contraceptive method even though they do not wish to become pregnant.

In doing this discussion, I will raise some questions concerning why married women are not using a contraceptive method even though they do not wish to become pregnant. Before entering to the focused group discussion I would like to appreciate you for your voluntary participation in this discussion.

#### **Discussion points**

How does the community understand about contraceptive use? How about you understand concerning contraceptives?

What do you know the community about modern contraception?

Do you know about modern contraceptive methods? When should people start to use modern contraceptive method?

Why married women are not using a contraceptive method even though, they do not wish to become pregnant?

What are the advantages/disadvantages of modern contraceptive methods?

What is the optimum family size you think?

Is having large family size useful or harmful? What is the reason you think?

Who should decide about family size? What is the reason you think?

Which method do you prefer to use?

Is there any additional idea that you want to add on our discussion on unmet need for family planning and related issues?

Finally, I would like to express my heartfelt thank for your voluntary participation in this focused group discussion.

You have contributed your best!

## **Key Focus group guide for District Health office experts**

Greeting!

Hello dear participants! Wishing it would help in improving family planning services in the future in your district, we would have this group discussion. We hope that the discussion we would be having with you is very much useful to strengthen the quality, availability, and access to contraceptive in general and especially helps us to know why married women are not using a contraceptive method even though they do not wish to become pregnant.

In doing this discussion, I will raise some questions concerning family planning service in your district in general and specifically why married women are not using a contraceptive method even though they do not wish to become pregnant. Before entering to interview I would like to appreciate you for your voluntary participation in this interview/discussion.

### **Discussion points**

How do you understand the overall family planning services in your district?

How does the community understand about modern contraceptive use in your district?

How does the community understand about the advantages/disadvantages of modern contraceptive methods?

What type of change you have observed in the communities on modern contraceptives use after your coming?

Why married women are not using a contraceptive method even though, they do not wish to become pregnant?

What is the community's perception on optimum family size?

Is having large family size useful or harmful? What is the reason they think?

Who should decide about family size? What is the reason you think?

Which type of modern contraceptive method is preferred to use in your district?

Is there any additional idea that you want to add on our discussion on unmet need for family planning and related issues?

Finally, I would like to express my heartfelt thank for your voluntary participation in this focused group discussion.

You have contributed your best!

## **Key Focus group guide for Health Service providers**

Greeting!

Hello dear participants! Wishing it would help in improving family planning services in the future in your catchments we would have this in group discussion. We hope that the discussion we would be having with you is very much useful to strength the quality, availability, and access to contraceptive in general and especially helps us to know why married women are not using a contraceptive method even though they do not wish to become pregnant.

In doing this discussion, I will raise some questions concerning family planning service in your catchments in general and specifically why married women are not using a contraceptive method even though they do not wish to become pregnant. Before entering to interview I would like to appreciate you for your voluntary participation in this interview/discussion.

### **Discussion points**

How do you understand the overall family planning services in your catchment?  
(Concerning the availability of the supplies, accessibility and service utilization)

How does the community understand about modern contraceptive use in your catchment?

How does the community understand about the advantages/disadvantages of modern contraceptive methods?

What type of change you have observed in the communities on modern contraceptives use after your coming?

Why married women are not using a contraceptive method even though, they do not wish to become pregnant?

What is the community's perception on optimum family size? (Is having large family size useful or harmful? What is the reason they think?)

Who should decide about family size in the community? What is the reason they think?

Which type of modern contraceptive method is preferred to use in your catchment?

Is there any addition idea that you want to add on our discussion on unmet need for family planning and related issues?

Finally, I would like to express my heartfelt thank for your voluntary participation in this focused group discussion.

You have contributed your best!

## **Annex-D** Information Sheet afaan Oromoo version

### **Guca odeeffannoo kan afaan Oromootti hiikame**

#### **Guca waliigalteen ittin mirkanaa'u**

Maqaa Gandaa \_\_\_\_\_

Lakkoofsa Guca gaafii \_\_\_\_\_

#### **Seensa**

Maqaan koo \_\_\_\_\_ jedhama. Univarsiitii Finfinneetti miseensa garee qorannootti. Qorannoo kana ilaalchisee anii fi isin marii gabaabaa akka qabinu isiniif ibsuun barbaada. Gara marii keenyatti itoo hin galiniin dura kaayyoo fi haala waliigala qorannichaan isiniif ibsa waan ta'eef sirriitti nadhaggeefachuun booda qorannoo kana keessatti keessan hirmaachuu fi hirmaachuu dhiisuu keessan ilaalchisee yaada waliigaltee keessanii akka naaf ibsitan ni barbaada. Gaafii qorannoo kana keessatti kan qooda fudhatan dubartoota jiraattota ganda keessanii kan heerumanii fi umurii dahuumsaa keessa jiraniidha.

Haaluma kanaan isinis qorannoo kana keessatti akka qooda fudhattaniif filatamtanii jirtu. Qorannoo kana adeemsiisuuf ammo gaafiwwan kanaaf qophaa'anitti kan fayadaminu ni-ta'a. Qorannoo kana keessatti ragaan isin nuuf kennitan iciitin isaa kan eegamuu fi qorannoo kana qofaaf kan itti fayyadaminu nu-ta'a. Qorannoo kana keessatti qoodafudhattoota tokko tokkoon addaan baasuf tartiiba lakkoofsaa malee maqaa namaatti hinfayyadaminu. Firiin qorannoo kan maxxanfamu yoo ta'e kan qoodafudhattoota hundaa walitti qabamee kan dhiyaatu ni-ta'a. Gaafin kun fedhii irratti kan hundaa'u waan ta'eef isin qorannoo kana keessatti hirmaachuu ykn dhisuu fi qorannoo kana fudhachuu dhiisuf mirgi keessan kan eegame waan ta'eef yeroo barbaaddanitti qorannicha addaan kutuu ni dandeessu. Qorannoo kana keessatti hirmaachuu diduu keessaniif isinis ta'ee maatiin keessan tajaajila dhaabbilee fayyaa irraa argattan irratti dhiibbaa hin uumu. Haata'u malee hirmaannan keessan qorannoon kun guutuu ta'ee tajaajilli qusannoo maatii Aanaa keessanii fi aanaalee biroo keessatti akka fooya'aniif ni barbaachisa.

## **Waliigaltee**

Qorannoo kana keessatti hirmaachuuf fedhii ni-qabiduu?

Eeyyee ni qaba \_\_\_\_\_

Lakki hin-qabu \_\_\_\_\_ Galatoomaa.

Qooda fudhattuun hirmaachuf fedhii yoo qabaatte gaafii eegali.

Namin gaafii taasisu waliigaltee qoodafudhattuun qorannoo kanaa kennite barreessuu isaa kan ibsu maqaa fi mallattoo.

Maqaa \_\_\_\_\_ Mallattoo \_\_\_\_\_

Guyyaa \_\_\_\_\_ Ji'a \_\_\_\_\_ Bara \_\_\_\_\_

## **Firii Gaaffiilee**

Walumaagalatti guutameera \_\_\_\_\_

Mormaaniira \_\_\_\_\_

Walakkaan isaa guutameera \_\_\_\_\_

Kan biraa yoo jiraate yaa ibsamu \_\_\_\_\_

## **Suparavaayizara mirkaneesse**

Maqaa \_\_\_\_\_ Mallattoo \_\_\_\_\_ guyyaa \_\_\_\_\_

## **Annex-E** Structured questionnaires Afaan Oromoo version

### Gaafilee

Univarsiitii Finfinnee mana baruumsa Fayyaa Hawaassatti gaafii qorannoo dubartoota umurii dahuumsaa keessa itoo jiranuu ittifayadamtoota tajaajila qusannoo maatii ta'uu hindandeenyef guca gaafii qophaa'e.

### Kutaa 1<sup>ffaa</sup> - Addaan baatii qorannoo

Lakkoofsa gaafii	Gaafii	Deebii	Gaafii itti aanutti darbaa
001	Kooddii gaaffilee	_____	
002	Guyyaa gaafin itti adeemsifame	_____	
003	Maqaa zoonii	_____	
004	Maqaa Aanaa	_____	
005	Maqaa Gandaa	_____	
006	Maqaa goxxii	_____	
007	Lakkoofsa Strataa	_____	
008	Lakk. Manaa (magaala qofaaf)	_____	
009	Baay'ina maatii	_____	

## Kutaa 2<sup>ffaa</sup> - Ragaa dinagdee fi hawaasummaa gooda fudhattoota qorannoo

Lakkoofsa	Gaafii	Deebii	Gaafii itti aanutti darbaa
101	Umuriin keessan meeqa?	1. waggaa _____ dha 2. Hinbeeku 3. Deebin hin jiru	
102	Amantaan isin hordoftan maalinnii?	1. Ortodokisii 2. Musiliima 3. Proteestantii 4. kan biraa yoojiratee yaaibsamu	
103	Sabin keessan maalinni?	1. Oromoo 2. Amaara 3. Guraagee 4. kan biraa yoojiratee yaaibsamu	
104	Yeroo ammaa kana sadarkaan baruumsa keessanii meeqa?	1. Hin baranne 2. sadarkaa 1 <sup>ffaa</sup> 3. sadarkaa 2 <sup>ffaa</sup> isaa-ol	
105	Yeroo ammaa kana hojiin keessan maalinn?	Haadha warraa Hojjattuu Mootummaa Daldaalaa xixiqqaa kan biraa yoojiratee yaaibsamu	

### Kutaa 3<sup>ffaa</sup> - Ragaa sirna fayyaa walhormaataa

Lakkoofsa	Gaafii	Deebii	Gaafii itti aanutti darbaa
201	Yeroo dura heerumtan umuriin keessan meeqa turee?	1. Waggaa _____ 2. Hin yaadadhu 3. Deebin hin jiru	
202	Ulfooftanii beektuu?	1. Eeyyen 2. Hinbeeku _____ 3. Hin yaadadhu _____ 4. Deebin hin jiru _____	211 204 204
203	Deebin keessan lakkoofsa 202 eeyyee yoo ta'e Ulffi keessan kan jalqabaa dhalattanii waggaa meeqatti turee?	1. Waggaa ____ dha 2. Hin yaadadhu 3. Deebin hin jiru	
204	Hanga ammaatti walumaagalatti ijoollee deessanii beekituu?	1. Eeyyee 2. Hindeenye _____ 3. Deebin hinjiru _____	211
205	Mucaa keessan angafaa yeroo deessan umuriin keessan meeqa turee?	1. waggaa ____ dha 2. Hinyaadadhu 3. Deebin hinjiru	
206	Umurii keessan keessatti ijoollee meeqa deessanii?	Baay'inni ijoollee _____ 1. Kan ijoollee dhiiraa _____ 2. Kan ijoollee dubaraa _____ 3. Hinyaadadhu 4. Deebin hinjiru	
207	Yeroo ammaa kana ijoollen keessan lubbuun jiran meeqaa?	0 1-2 3-4 5+	
208	Ijoollen isin qabaachuu barbaaddan meeqadhaa?	0 1-2 3-4 5+	
209	Yeroo ammaa kana mala ammayyaa ulfa tursiisu ykn ittisuu ni faayyadamtaa?	1. Eeyyee 2. Hinfayyadamu	225 212
210	Itooo ijoollee omaa hin dayinin dura duubatti deebitee yommuu yaadattu dhugaatti ijoollee meeqa qabaachuu barbaadda turtee?	1. Baay'ina ijoollee _____ 2. Hinbeeku 3. Deebin hin jiru _____	
211	Umurii kee keessatti ijoollee meeqa qabaachuu	1. Lakkoofsa ijoollee _____ 2. Hin murteessine	

	barbaaddaa? (ijoollee kan hin qabineef)	3. Deebin hin jiru	
212	Amma Ulfa niqabidaa;	1.Eeyyee 2. Lakkii miti _____ 3. Guututti jechuu hindanda'u _____ 4. Deebin hin jiru _____	212 212 212
213	Deebin keessan gaafii 212 eeyyee yoo ta'e, Ulfi keessan kun?	1. Ammatti ni barbaadama _____ 2. Boodatti ni barbaadama _____ 3. Sirumaa hin barbaadamu _____ 4. Deebin hin jiru	
214	Mucaa amma ulfoofte kana erga deessen booda bara kana keessatti mala qusannaa maatii Ammayyaa fudhachuu ni barbaaddaa? (Dubartoota ulfa ta'aniif)	1. Eeyyee _____ 2. Hinbarbaadu _____ 3. Hin murteessine 4. Deebin hin jiru	217 225
215	Deessee ji'a 12 keessatti mala qusannaa maatii Ammayyaa fayyadamuu ni barbaaddaa? (Dubartoota ji'a jahan darban keessatti dahaniif)	1. Eeyyee 2. Hinbarbaadu _____ 3. Hin murteessine 4. Deebin hin jiru	223
216	Deebin gaafii lakkoofsa 214 eeyyee yoo ta'e kan mala qusannaa maatii Ammayyaa kanatti fayyadamituuf addaan fageessitee dahuuf moo gonkumaa dahuumsa dhaabufii?	1.Addaan fageessee dahuuf _____ 2. gonkuma dhaabufii _____ 3. Hin-beeku _____ 4.Deebin hin jiru _____	224 224 224 224
217	Deebin gaafii lakkoofsa 215 eeyyee yoo ta'e kan mala qusannaa maatii Ammayyaa kanatti fayyadamituuf addaan fageessitee dahuuf moo gonkumaa dahuumsa dhaabufii?	1.Addaan fageessee dahuuf _____ 2. gonkuma dhaabufii _____ 3. Hin-beeku _____ 4.Deebin hin jiru _____	224 224 224 224
218	Amma ulfa yoo hin-taane ykn ji'oottan jahan darban keessatti hin-deenye yoota'e ykn deebii kennuuf fedhii hinqabidu yoo ta'e ykn amma ulfa yoo taate mucaa biraa dabalataan argachuu nibarbaadda moo hin barbaadduu?	1.Dabalataan dahuu ni-barbaada 2. Dabalataan hin-barbaaduu _____ 3. Hin-murteessine _____ 4.Deebin hin jiru _____	224 224 224
219	Ulfa hin-barbaadamine ittisuuf mala qusannaa maatii Ammayyaatti fayyadamtee beektaa?	1.Eeyyee 2.Hinfayyadamine	

		3.Deebin hin-jiru	
220	Gaafii lakkoofsa 219 <sup>ffaa</sup> tiif deebin isaa hinfayyadaminee yoo ta'e sababbiin mala qusannaa maatii Ammayyaatti hinfayyadamneef maalinnii? (kan deebisan hundatti mari malee dhiibbaa gootee hingaafatin)	<p><b>Sababbiwwan dahuumsan walqabatan:</b></p> <ol style="list-style-type: none"> <li>1.Harma hoosisuu</li> <li>2.Kanhin-deenye/Maseena ta'uu</li> <li>3.Tasumayyuu fudhachuu hin barbaadu</li> <li>4.Qunnamitii saalaa hin-raawwadhu</li> <li>5. Qunnamitii saalaa addaan fageessanii raawwachuun</li> <li>6.Dulloomu/Gadameessa opireeshiniin baasisuun</li> <li>7.ljoollee baay'ee barbaadun</li> </ol> <p><b>Ittifayyadamuu irratti mormii jiruun:</b></p> <ol style="list-style-type: none"> <li>8.Mormii ittifayadamiituu</li> <li>9.Mormii abbaawarraa/hiriyaa</li> <li>10.Mormii namoota biraa</li> <li>11. Dhoorkaa Amantaa</li> </ol> <p><b>Hubannoo Dhabuun kan ka'e:</b></p> <ol style="list-style-type: none"> <li>12. Gosa/mala jiru beekuu dhabuu</li> <li>13.Iddoo tajaajilaa beekuu dhabuu</li> </ol> <p><b>Sababbiwwan mala Ammayyaatiin walqabatan:</b></p> <ol style="list-style-type: none"> <li>14. Rakkoo fayyaa</li> <li>15.Mallattoo fi miidhaa hin-barbaadamine sodaachuun</li> <li>16.Argachuu dadhabuu/fagoo ta'uu</li> <li>17. Kaffaltiin isaa ol-ka'aa ta'uu</li> <li>18.Ittifayadamin isaa mijataa miti</li> </ol>	

		<p>19.Uumama qaamatiin walifaallessuu</p> <p>20. Gosin adda addaa dhabamuu</p> <p>21.Sababbiin biraa yoo jiraatan yaa ibsaman _____</p> <p>22. Hin-beeku</p>	
221	Gaafii 220 <sup>ffaa</sup> tiif deebiin filannoo lakkoofsa 1 yoo ta'e mucaa itti aanu dahuun dura amma irraa kaasee hangam turuu barbaaddaa?	<p>1. Waggaa 2 gadi</p> <p>2.Waggaa 2 oli _____</p> <p>3.Hanga ammaatti hinmurteessine</p> <p>4.Deebin hinjiru _____</p>	<p>223</p> <p>223</p> <p>223</p>
222	Amma irraa eegalee ji'oottan 12 kana keessatti mala qusannaa maatii Ammayyaatti fayyadamuuf yaaddee jirtaa?	<p>1.Eeyyee_____</p> <p>2.Miti hin-yaadine</p> <p>3.Hanga ammaatti hinmurteessine</p> <p>4.Deebii hin-kennine</p>	226
223	Mala qusannaa maatii Ammayyaatti hin-fayyadamtu yoo ta'e sababbiin isaa ijoon maalif akka ta'e natti himuu dandeessaa? (kan deebisan hundatti mari malee dhiibbaa gootee hingaafatin)	<p><b>Sababbiwwan dahuumsan walqabatan:</b></p> <p>1.Harma hoosisuu</p> <p>2.Kanhin-deenye/Maseena ta'uu</p> <p>3.Tasumayyuu fudhachuu hin barbaadu</p> <p>4.Qunnamitii saalaa hin-raawwadhu</p> <p>5. Qunnamitii saalaa addaan fageessanii raawwachuun</p> <p>6.Dulloomu/Gadameessa opireeshiniin baasisuun</p> <p>7.Ijoollee baay'ee barbaadun</p> <p><b>Ittifayyadamuu irratti mormii jiruun:</b></p> <p>8.Mormii ittifayadamituu</p> <p>9.Mormii abbaawarraa/hiriyaa</p> <p>10.Mormii namoota biraa</p> <p>11. Dhoorkaa Amantaa</p>	

		<p><b>Hubannoo Dhabuun kan ka'e:</b></p> <p>12. Gosa/mala jiru beekuu dhabuu</p> <p>13. Iddoo tajaajilaa beekuu dhabuu</p> <p><b>Sababbiwwan mala Ammayyaatiin walqabatan:</b></p> <p>14. Rakkoo fayyaa</p> <p>15. Mallattoo fi miidhaa hin-barbaadamine sodaachuun</p> <p>16. Argachuu dadhabuu/fagoo ta'uu</p> <p>17. Kaffaltiin isaa ol-ka'aa ta'uu</p> <p>18. Ittifayadamin isaa mijataa miti</p> <p>19. Uumama qaamatiin walifaallessuu</p> <p>20. Gosin adda addaa dhabamuu</p> <p>21. Sababbiin biraa yoo jiraatan yaa ibsaman _____</p> <p>22. Hin-beeku</p>	
224	Mala qusannaa maatii Ammayyaa isa kamitti fayadamuu arbaaddaa? (kan deebisan hundatti mari malee dhiibbaa gootee hingaafatin)	<p>1. Dhaabbata kan ta'e fi dubartootaf (ujummoogadameessaa guduunfisiisuu)</p> <p>2. Dhaabbata kan ta'e fi dhiiraf (ujummoogadameessa keessa dadbu guduunfisiisuu)</p> <p>3. Qoobii/Foomii/Qibaatii gadameessaatti fayyadamuun</p> <p>4. Kiniinii dahuumsa ittisu</p> <p>5. Meeshaa gadameessa keessa taa'u "IUCD"</p> <p>6. Kondomii</p> <p>7. Kan biraa yoo jiraatan yaa ibsaman _____</p>	
225	Deebin gaafii 209 <sup>ffaa</sup> Eeyyee yoo ta'e tajaajila qusannaa	1. Hospitaala Mootummaa	

	maatii eessa irraa argattaa?	2.Buufata Fayyaa 3. Keellaa Fayyaa 4. Dhaabbilee Fayyaa dhuunfaa 5. Kan biraa/yaa ibsamu _____	
226	Mala qusannaa maatii Ammayyaa isa kamitti fayadamtaa?	1.Dhaabbata kan ta'e fi dubartootaf (ujummoo gadameessaa guduunfisiisuu) 2. Dhaabbata kan ta'e fi dhiiraf (ujummoo sanyiin keessa dadbu guduunfisiisuu) 3.Qoobii/Foomii/Qibaatii gadameessaatti fayyadamuun 4. Kiniinii dahumsa ittisu 5. Meeshaa gadameessa keessa taa'u "IUCD" 6. Kondomii 7. Kan biraa yoo jiraatan yaa ibsaman _____	
227	Gosa tajaajila yeroo darbe argateef gorsa isaa dabalatee walumaagalatti kan kaffalte hangam ta'aa?	1. Bilisa 2. yoo kanfalan ta'e yaa ibsamu 3.Hin-beeku	
228	Gosa/mala ittisa dahumsaa kana yeroo fudhattan rakkoon inni fiduu danda'u yoo jiraate sitti himamee turee?	1. Eeyyee 2. Miti nati hin-himamine	
229	Gosa/mala ittisa dahumsaa kanatti itoo fayyadamaa jirtuu yoo miidhaa cinaa ykn rakkoon simudate maal gochuu akka qabidu sitti himamee turee?	1. Eeyyee 2. Miti nati hin-himamine	
230	Gosa/mala ittisa dahumsaa itti fayyadamtu eessaa argachuu akka dandeessu	1. Eeyyee	

	yeroo sana sitti himamee turee?	2. Miti nati hin-himamine	
231	Gosa/mala ittisa dahumsaa ati itti fayyadamaa jirtu kanaan alatti dabalataan gosin biraas akka jiru sitti himamee turee?	1. Eeyyee 2. Miti nati hin-himamine	
232	Gosa/mala ittisa dahumsaa adda addaa fayyadamuun akka danda'amu dhaabbata fayyaatti ogeessota fayyaa kutaa qusannaa maatii irra hojjataniin sitti himamee turee?	1. Eeyyee 2. Miti nati hin-himamine	
233	Ji'oottan 12 darban kana keessatti hojjattoota fayyaa hawaasatiin kutaa tajaajila qusannaa maatii keessatti gaafin siif dhiyaatee beekaa?	1. Eeyyee 2. Hin-beeku	
234	Ji'oottan 12 darban kana keessatti ijoollee keetif ykn ofii keetif ilaalamuuf gara dhaabbata fayyaa deemitee turtee?	1. Eeyyee 2. Hin-deemine	
235	Hojjataan dhaabbata fayyaa waa'ee Gosa/mala ittisa dahumsaa si-dubbise ni-jiraa?	1. Eeyyee 2. Hin-jiru	
236	Ji'oottan 3 darban kana keessatti waa'ee mala ittisa dahumsaa dhageessee turtee?	1. Eeyyee 2. Hin-dhageenye	
237	Deebin gaafii 236 eeyyee yoo ta'e eessa irraa dhageesse? (deebii kennametti itti mari)	1. Raadiyoo 2. Televiziinii 3. Gaazexaa 4. Baruullee, Paphleetii 5. Ummata irraa	
238	Mala ittisa dahumsatti akka fayyadamaa jirtu abbaan warraa/hiriyaan kee ni beekaa?	1. Eeyyee ni-beeka 2. Miti hin-beeku	
239	Mala ittisa dahumsaa ammayyaa irratti ilaalchi/yaadin abbaan warraa/hiriyaan kee qaban maalinnii?	1. Nideeggaru 2. Ni-mormu/hin-fudhatani 3. Yaada hinkennan 4. Hin-beeku 5. Yaada biraa yoo qabaatan_____	

## **Annex-F: Focus group guide Afaan Oromoo version**

**Qajeelfama marii garee Dubartootaa kan umurii dahuumsaa keessa jiranii fi heerumaniif afaan Oromootti hiikame dhiyaate.**

### **Nagaa gaafachuu!**

Hirmaattota marii garee kanaa бага nagaan dhuftan! Attamjirtu?

Mariin garee kanaa fooya'insa tajaajila karoora qusannaa maatii irratti gahee guddaa qaba jennee waan yaadineef kan qophaa'edha.

Marii kana keessatt dubartootiin jiraattota ganda kanaa ta'anii heerumanii jiranii fi itoodhuma dahuu hin-barbaanne maalif mala qusannaa maatii akka hin fudhanne irratti yaada qabanii fi hunannoo qulqullina tajaajilichaa irratti qaban beekuf gaafii dhiyeessun ni-mari'anna.

Gara marii keenyatti itoo hin galiniin dura marii kana keessatt fedhiidhan qooda fudhachuuf argamuu keessaniif isin galateeffachuun barbaada.

### **Qabxiwwan marii**

Qusannoo maatii irratti Hubannoon ummataa maal fakkaataa? Isinis kana irratti yaada maalii qabiduu?

Hubannoo hawaasin dhimma qusannoo maatii irratt qabu attamitti hubattanii?

Mala/gosa qusannoo maatii ni-beektuu?

Qusannoon maatii yoom irraa eegalee fayyadamuu akka qabu ni-beektuu?

Yoo dahuuf barbaaduu baatanillee dubartootin heeruman maalif mala ittisa dahumsaa maalif hin-fayyadaminee?

Fayidaa fi miidhan mala ittisa dahumsa ammayyaa maalinnii?

Baayyi'inn maatii tilmaaman meeqa ta'uu qaba jettuu?

Fayidaa fi miidhan baayyi'ina maatii maalinnii?

Baayyi'inn maatiif murteessan eenyunnii? Maalif jettanii yaaddu?

Isin mala ittisa dahumsaa isa kamitti fayyadamuu filattuu?

Marii garee kana irratti yaada fi dhimmootin hafan yoo jiraate yaada dabalataa qabiduu?

Dhuma irrattis marii kana keessatt fedhiidhan qooda fudhachuu keessaniif isin galateeffanna.

**Qajeelfama marii garee Ogeessota dhaabbilee fayyaa keessatti jiraniif afaan Oromootti hiikame dhiyaate.**

### **Nagaa gaafachuu!**

Hirmaattota marii garee kanaa бага nagaan dhuftan! Attamjirtu?

Mariin garee kanaa fooya'insa tajaajila karoora qusannaa maatii dhabbata fayyaa keessaniin kennamu irratti gahee guddaa qaba jennee yaadinet.

Marii kana keessatt dubartootiin heerumanii jiraniif fi itoodhuma dahuu hin-barbaanne maalif mala qusannaa maatii akka hin fudhanne fi yaada isaan kana irratti qaban fi hunannoo qulqullina tajaajilichaa irratti qabdan beekuf gaafii dhiyeessun ni-mari'anna.

Gara marii keenyatti itoo hin galiniin dura marii garee kana keessatt fedhiidhan qooda fudhachuuf argamuu keessaniif isin galateeffachuun barbaada.

### **Qabxiiwwan marii**

Walumaa galatti tajaajila qusannoo maatii naannoo keessanii attamitti ibsituu?

Isinis kana irratti yaada maalii qabiduu?

Hawaasin fayidaa qusannoo maatii attamitti hubattaa?

Fayidaa fi miidhaa qusannoo maatii hawaasin attamitti hubataa?

Ittifayyadama mala ittisa dahumsa ammayyaa ilaalchisee erga isin gara dhaabbata fayyaa kana dhuftanii jijjiiramin argitan ni-jiraa?

Hubannoon ummataa qabatamaan qusannoo maatii irratt jiru maalinn?

Itoo dahuuf hin-barbaanne dubartootin heeruman maalif mala ittisa dahumsaatt hin-fayyadaminee?

Hawaasin baayyi'ina maatii akka fayidaa moo miidhatt ilaalaa? Sababbiin isaa maalinnii?

Hawaasa keessatt baayyi'ina maatii kan murteessu eenyunnii? Sababbiin isaa maalinnii?

Dhaabbata fayyaa kana keessatti hawaasin baay'inaan mala ittisa dahumsaa gosa kamitti fayyadmuu?

Marii garee kana irratti yaada fi dhimmootin hafan yoo jiraate yaada dabalataa qabiduu?

Dhuma irrattis marii kana keessatt fedhiidhan qooda fudhachuu keessaniif isin galateeffanna.

**Qajeelfama marii garee hojjattoota waajjira eegumsa fayyaa aanaa keessatti jiraniif afaan Oromootti hiikame dhiyaate.**

### **Nagaa gaafachuu!**

Hirmaattota marii garee kanaa бага nagaan dhuftan! Attamjirtu?

Mariin garee kanaa fooya'insa tajaajila karoora qusannaa maatii aanaa keessan keessatti kennamaa jiru irratti gahee guddaa qaba jennee yaadinet.

Marii kana keessatt dubartootiin heerumanii jiranii fi itoodhuma dahuu hin-barbaanne maalif mala qusannaa maatii akka hin fudhanne fi yaada isaan kana irratti qaban fi hunannoo qulqullina tajaajilichaa irratti qabdan beekuf gaafii dhiyeessun ni-mari'anna.

Gara marii keenyatti itoo hin galiniin dura marii garee kana keessatt fedhiidhan qooda fudhachuuf argamuu keessaniif isin galateeffachuun barbaada.

### **Qabxiiwwan marii**

Walumaa galatti tajaajila qusannoo maatii aanaa keessanii attamitti ibsituu?

Hawaasin fayidaa qusannoo maatii attamitti hubattaa?

Fayidaa fi miidhaa qusannoo maatii hawaasin attamitti hubataa?

Ittifayyadama mala ittisa dahumsa ammayyaa ilaalchisee erga isin gara aanaa kanaa dhuftanii jijjiiramin argitan ni-jiraa?

Hubannoon ummataa qabatamaan qusannoo maatii irratt jiru maalinn?

Itooo dahuuf hin-barbaanne dubartootin heeruman maalif mala ittisa dahumsaatt hin-fayyadaminee?

Hawaasin qusannoo maatii irratt qabatamaan hubannoon qabu maalinnii?

Hawaasa keessatt baayyi'ina maatii kan murteessu eenyunnii? Sababbiin isaa maalinnii?

Aanaa kana keessatti hawaasin baay'inaan mala ittisa dahumsaa gosa kamitti fayyadamaa?

Marii garee kana irratti yaada fi dhimmootin hafan yoo jiraate yaada dabalataa qabiduu?

Dhuma irrattis marii kana keessatt fedhiidhan qooda fudhachuu keessaniif isin galateeffanna.