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COLLEGE OF NATURAL AND COMPUTATIONAL SCIENCE

DEPARTMENT OF ZOOLOGICAL SCIENCE

POST GRADUATE PROGRAMME

Knowledge, attitude and practice on contraceptive use among female students in Satma Dangyia secondary and preparatory school in Banja district, Awi Zone, Amhara Regional State, Ethiopia.

In Partial Fulfillment of the Requirements for the Degree of Master of Science in Biology

By

Bogale Ferede

Advisor: - Asnake Desalegn(PhD)

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Addis Ababa, Ethiopia

ADDIS ABABA UNIVERSITY

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SUBMITTED BY:

Bogale Ferede GSK/3424/10

_____ _____ _____

Student's Name ID. No. Signature Date

APPROVED BY:

Asnake Desalegn (PhD)

1._____ _____

Advisor's Name Signature Date

2._____ _____

Department Head Signature Date

3._____ _____

Internal Examiner Signature Date

DECLARATION

I declare that this thesis entitled “Knowledge, Attitude and Practices on contraceptive use among female students in Satma Dangyia Secondary and Preparatory School in Banja district” is my original work and has not been presented for any other award, and that all sources of materials used in this thesis are duly acknowledged. This thesis was carried out under the supervision of my principal advisor Asnake Desalegn (PhD), Department of Biology, College of Natural and Computational Sciences, Addis Ababa University in the academic year of 2022/2023.

Name of student candidate: Bogale Ferede Mitiku

Signature with date: August, 2024

This thesis has been submitted for examination with my approval as university **advisor/co-advisor**.

Name of the advisor _____

Signature of the Advisor with date: _____

Name of the co-advisor: _____

Signature of the co-advisor with date: _____

Place: Addis Ababa University, Addis Ababa, Ethiopia

Date of submission: August, 2024

ABSTRACT

Planning a family enables one to anticipate and achieve a happy and healthy family. The purpose of this study was to assess female students' knowledge, attitudes, and practices regarding the use of contraceptive methods. From December 2022 to June 2023, the study was carried out at Satma Dangyia Secondary and Preparatory School in Banja District, Awi Zone, Amhara Regional State, Ethiopia. The data were collected by using structured questionnaires and the sampling technique was stratified. MS Excel and SPSS version 26 were used to examine the data. Measures of the impact of each independent variable on respondents' knowledge, attitudes, and practices were made using descriptive statistics and analytic techniques. A total of 183 school girls were included in the analysis and 82% (150) were between 15-18 years old and 18% (33) were between 19-22 years old. About 60 (32.8%) of them were grade nine students, 49 (26.8) were grade ten, 40 (21.9%) were grade eleven and 34 (18.6%) of them were grade twelve students. Majorities 163(89.1%) of them were single in their marital status. Of the respondents, 48.1% knew something about contraception. Most of the respondents 102(55.7%) feel that contraceptive is very important. Majority of the participants had heard about contraception from their school teachers. Out of these respondents, 126 (68.9%) had a favorable attitude about the method of contraception, whereas 57 (31.1%) had a negative attitude. Injectables, pills, implants, and condoms were the four contraceptive methods most commonly identified. The two primary goals of using contraceptives were found to be prevention of unintended pregnancies 53.6% and prevention of STDs such as HIV/AIDS (39.9%). The primary places to obtain contraceptive methods were found to be a clinic (44.3%), followed by a hospital (29%), and a school (26.8%). 24 (13.1%) of the respondents reported that they having sex and 12 (6.6%) of the female respondents practiced contraception. This study found that although female students had good awareness of contraceptive method. Age, education level, marital status, and place of residence were discovered to be predictive factors. It is advised that responsive, positive outlooks and the use of contraceptive methods by community members in the study area be the hallmarks of effective and lasting interventions.

***Keywords**: attitude, Banja District, contraceptives, Ethiopia, family planning, female students knowledge, Satma Dangyia.*

BIOGRAPHICAL SKETCH

The author Bogale Ferede was born on April 28, 1977, in Banja woreda, Awi zone, Amhara Regional State. He was enrolled in Kossober General Primary School in 1986, and completed in 1992. He also attended Injibara General Secondary and preparatory School in 1993-1996 E.C. He joined Gondar College of Teacher's Education in 1997 E.C. and graduated with Diploma in Natural Science in June 1999 E.C. After his graduation, he was employed by the Ministry of Education as a Biology teacher. Then he joined Debre Markos University in 2000 E.C., and graduated with a BED degree in Biology in July 2003 E.C. Since then, he has been teaching at Satma Dangia Secondary and preparatory school and joined Addis Ababa University in a summer program designed by for the Master of Art in Biology.

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ACRONYMS AND ABBREVATIONS

ANRS	Amhara National Regional State
DHS	Demographic and Health Survey
CORHA	Consortium of Reproductive Health Association
CPR	Contraceptive Prevalence Rate
CSA	Central Statistical Agency
ECP	Emergency Contraceptive Pills
EDHS	Ethiopia Demographic and Health Survey
FHI	Family Health International
FMoH	Federal Ministry of Health
FP	Family Planning
HEW	Health extension workers
HIV	Human Immune Deficiency Virus
HSDP	Health Sector Development Program
IUCD	Intrauterine Contraceptive devises
KAP	Knowledge, Attitudes and Practices
LAPM	Long Acting and Permanent Method
MDGs	Millennium Development Goals
MSIE	Marie Stops International Ethiopia
NGOs	Non Governmental Organizations
STD	Sexually Transmitted Disease
UN	United Nation
UNESCO	United Nation Educational, Scientific and Cultural Organization
UNFPA	United Nation Fund for Population Activities
UNICEF	United Nations International Children‘s Emergency Fund
WFP	World Family Planning
WHO	World Health Organization
WoARD	Woreda Office Agriculture and Rural Development

CHAPTER ONE

1. INTRODUCTION

1.1 Background of the study

Couples and individuals can plan and achieve the number of children as well as the spacing and timing of their births, by using family planning. It is attained by using contraceptive methods (Cartwright, 2017). Globally, 63% of women of reproductive age used some kind of contraception (Cahill et al., 2018). The majority of the world has seen an increase in the prevalence of contraception as a result of the global growth of contraceptive information and services, ongoing technological advancements, and increased availability. Contraceptive use, however, was significantly lower in the least developed nations (40%) and was especially low in Africa (33%). Contraceptive use was significantly greater in the other major geographic areas, ranging from 59% in Oceania to 75% in Northern America. Inside Within these major areas there are large differences by region and across countries (Berchie, 2017).

Over the next 43 years, there will probably be a 2.5 billion rise in the global population, bringing it from the present 6.7 billion to 9.2 billion in 2050 (Siegel, 2021). Many developing nations are experiencing resource strain due to rapid population expansion. Uncontrolled reproduction, which makes worse these circumstances, jeopardizes political stability and economic growth. As a result, many nations view slowing population growth as a crucial part of their larger developmental agenda to raise living standards and enhance people's quality of life. Since the 1960s, there have been effective contraceptive methods available, which have improved this strategy (Cleland, 2022).

One of the main factors influencing the use of contraceptives is frequently identified as a lack of knowledge about family planning sources and methods. It is projected that the usage of modern contraceptives will increase with increased knowledge and acceptance of them. One of the key components of using contraceptives effectively is thought to be having a basic understanding of these approaches. Through its impact on people's attitudes toward the use of contraceptives, knowledge about these drugs' negative effects may also indirectly alter their actual use (Machiyama et al., 2018). There is proof that media messages about family planning may have a

significant impact on raising public awareness of family planning techniques as well as promoting their acceptance and use particularly in low-literate areas.
As one of the few nations that have significantly advanced toward reaching the Millennium Development Goals (MDGs), notably those pertaining to health, Ethiopia has made impressive efforts toward meeting its national socioeconomic development goals (Bergen, 2020). The FMOH has worked tirelessly to provide access to family planning information and a variety of family planning method choices over the past 15 years. Through its Health Extension Program, which has deployed over 34,000 rural health extension workers capable of providing family planning information and short-term family planning methods (e.g., condoms, oral pills, and injectables), the ministry has significantly increased access to family planning services in addition to the standard static facility-based service. The FMoH has focused more on diversifying the family planning technique mix over the past 10 years, particularly on increasing access to long-acting methods (both permanent and non-permanent). In order to do this, the ministry used task shifting and updated the national family planning guide. Health extension workers are currently giving family planning implants at the community level, following the start of a program in 2009 to scale up the procedure. The nationwide rollout of intrauterine family planning devices began in 2010 with the expansion of the program into over 100 districts (Kelly et al., 2020).

Ethiopia has doubled the prevalence of contraception from 15% in 2005 to 29% in 2011, demonstrating remarkable success in this area (Akwara et al., 2022). However, the contraceptive prevalence rate (CPR) is heavily reliant on short-term family planning techniques (e.g., over 21% for injectables), and there is still a significant unmet need for family planning in terms of limiting (9%), spacing out births (16%), and other approaches. Recognizing this circumstance, the federal ministry of health (FMoH) established a target CPR of 66% by 2015 under the Health Sector Development Program (HSDP). The FMoH wants to deliver these long-acting methods to 20% of all family planning clients in order to accomplish this goal. The FMOH has recognized the significant role that long-acting non-permanent and permanent methods play in family planning (FMoH, 2012). Ethiopia has a total fertility rate of 4.8 births per woman, with rural fertility being significantly higher than urban fertility. The desired fertility rate is 33% lower than the observed fertility rate among women. This translates into an additional 0.6 children in urban areas and 1.5 in rural regions, expressed in absolute numbers Dereje Bekele and Mekonin Abera (2018). Three

out of every four births (75%) in the five years before the Ethiopia Demographic Health Survey (EDHS) in 2011 are considered to have been intended at the time of conception, 20% to have been wanted but not at the time of pregnancy, and 9% to have been unwanted (CSA, 2011).

Improved family planning utilization could lower the number of unintended and untimely births, as well as the number of unsafe abortions and the death rate associated with childbirth (Tsui et al., 2010). Unwanted or unplanned pregnancies are linked to detrimental socioeconomic and health effects, including public health concerns like depression, unsafe abortions, illness, and mortality (Nelson et al., 2022). The use of contraceptives can improve overall health and wellbeing by protecting against the negative effects of pregnancy, as well as promote reproductive health by lowering the likelihood of unintended pregnancies and high pregnancy rates, which may result in child and maternal mortality and morbidity (Dehingia et al., 2020. Along with lowering the mortality and morbidity linked to unintended pregnancies, the use of contraceptives may also lower the rates of female school dropouts (Mbizvo et al., 2023). It will be necessary to have a thorough understanding of students' knowledge, attitudes, and practices regarding their socio demographic background and sexual orientation in order to achieve this goal. The purpose of this study was to evaluate the knowledge, attitudes, and practices of female students enrolled at Satma Dangyia preparatory and secondary school.

1.2 Statement of the problem

Rapid population growth and high fertility affect the nation's overall socioeconomic development as well as the health of maternal and children in particular. Two of the most important health issues facing healthcare institutions, particularly in developing nations, are maternal and infant mortality. Most maternal deaths are directly related to problems that arise during pregnancy and occur from unsafe abortions (Ziraba et al., 2015).

The World Health Organization noted that unwanted, mistimed, and unintended pregnancy is the most common cause of maternal mortality in developing countries. The Ethiopian demographic and health survey (Berhanu Teshome, 2019) identified that one in four deaths among Ethiopian women in the period 1994–2000 was due to a pregnancy or pregnancy-related cause. There is evidence to suggest that up to 100,000 maternal deaths could be avoided each year if women who did not want children used effective contraception. In Ethiopia, unwanted pregnancy is a

serious issue where more than 60% of the pregnancies in women are unwanted, resulting from unprotected sexual intercourse, which is an alarming figure, and most of these pregnancies, particularly in adolescents, end up with unsafe abortions. Unwanted pregnancy is one of the main obstacles to women's reproductive health in developing nations like Ethiopia (Abenezer Yared, 2017). In my own experience, women still have early pregnancies due to unplanned pregnancies, despite the recent rise in the usage of contraceptives and information access. To the best of our knowledge, no prior research has been conducted in this particular area. Consequently, more research is necessary to identify any gaps in female students' knowledge, attitudes, and practices regarding the use of contraceptives in secondary and preparatory schools at Satma Dangyia.

1.3 Objectives

1.3.1 General objective

To assess knowledge, attitude and practice of contraceptive use among female students in Satma Dangyia secondary and preparatory school in Banja District, Awi zone Amhara regional State, Ethiopia.

1.3.2 Specific objectives

- ✓ To determine knowledge of contraceptive use among female students in Satma Dangyia secondary and preparatory school.
- ✓ To assess attitude of contraceptive use among female students in Satma Dangyia secondary and preparatory school.
- ✓ To assess the practice of contraceptive use among female students in Satma Dangyia secondary and preparatory school girls.

1.4 Research questions

- ✓ To what extent in Satma Dangyia secondary and preparatory school female students have the knowledge of using contraceptive methods?
- ✓ What is the attitude of Satma Dangyia secondary and preparatory school female students towards the use of contraceptives methods?
- ✓ What is the practice of using contraceptives methods among school female students in Satma Dangyia secondary and preparatory school?

1.5 Scope of the study

In family planning both men and women have great role to play and nothing can be done without their full participation; but this study will only to focus on the knowledge, attitude and practice of contraceptive use among female students in Banja district, Satma Dangyia higher and preparatory school and this is because of shortage of resource and time.

1.6 Significance of the study

This study tries to assess the level of knowledge, attitude and practice of Contraceptives use among female students in the target area. The study has the following significance:

- Will create a good insight for the policy makers, non-governmental organizations and other governmental service providers.
- Will show directions to concerned bodies on how to implement the service in order to overcome the problem.
- Will show to decision maker's bodies the need of reproductive health services for secondary and preparatory school girl's particularly contraceptive accessibility.
- This paper adds information on contraceptive method usage in the study area.
- In addition, it helps to design a good strategy for the provision of reproductive health services in general and contraceptive service in particular, to tackle the growing problem in their context.

1.7 Operational definitions of terms

Practice - is the utilization skill or ever use of modern contraceptive when the study subjects are exposed to sexual intercourse to prevent an intended pregnancy.

Attitude- denotes a person's level of acceptance or rejection of a positive or negative opinion about a person, location, object, or event.

Knowledge- is the familiarity one has with someone or something; it can include descriptions, facts, and information, as well as abilities learned through education or experience. It may be used to describe a subject's theoretical or practical understanding. It can be implicit (as with

practical skill or expertise) or explicitly (as with the theoretical understanding of a subject); and it can be more or less formal or systematic.

Contraception - Are the medicine used to prevent pregnancy in women who have had unprotected sex or the birth control method have failed.

Reproductive age - The spans of ages at which individuals are capable of becoming parents. The term can be applied to men and women but most frequently refers to women.

Family planning: the control of the number of children in a family and the intervals between their births, particularly by contraception.

Unmet - satisfactorily fulfilled.

Unintended pregnancy: Pregnancy occurred with no plan.

Respondents: Individuals that completed questionnaire.

CHAPTER TWO

2. LITERATURE REVIEW

2.1 Prevalence of contraceptives

This literature review chapter provides essential background and knowledge about the similarities and differences between research studies relevant to knowledge, attitude, and practice (KAP) of modern contraceptive methods.

A number of studies show that the education of women is significantly associated with unmet needs. As compared to women with no education, women who had primary education were about two-thirds (66.7%) less likely to have an unmet need for spacing, while women with at least a secondary level of schooling were one-third (33.3%) less likely to have an unmet need for limiting. An analysis of (Solomon Dagnachew and Wencheko 2013) data revealed that women with a higher number of living children were significantly more likely to have an unmet need for limiting births than women with less than five living children. A study conducted by Hogan *et al.* (1999) showed that women who were 18 years of age or older at marriage were more likely to discuss family size with their husbands and were more likely to find out about a method of contraception than their younger peers. According to other Ethiopian studies, women between the ages of 20 and 49 were much less likely than those between the ages of 15 and 19 to have an unmet need for spacing. The Ethiopia Demographic and Health Surveys (2011) on contraceptive use showed that Orthodox Christians and Protestants were found to have a higher likelihood of contraceptive use as compared to Muslims. The use of family planning is also influenced by socio-economic factors like the income of the household. According to a study conducted in Togo, women who participated in income-generating activities were more likely to communicate about family planning and to use contraception with their husbands than women who did not (Stevanovic-Fenn *et al.*, 2019).

According to a qualitative study conducted in Indonesia, the use of contraceptives is significantly affected by women's empowerment, as measured by their awareness and access to information. The results showed that, despite the perception of men as the head of the household, women in the study areas made the majority of the decisions about reproduction. Their decisions covered

not only the use of a particular family planning method but also the number of children they would have (Cartwright, 2017). A study conducted by West Off (2012) found that use of family planning is higher for the highest wealth quintile as compared to the lowest wealth quintile.

2.2 Factors affecting women's choice and utilization of contraceptive methods

A number of personal and individual factors affect the use, non-use, and consistent use of contraceptive methods. The use of contraceptives can be affected by different factors, such as socio-demographic factors, health beliefs, personal factors, community (residence and region), quality of family planning services, expected benefit of contraception use, fear of side effects, and women's intention to postpone or stop childbearing (Vazquez-Rodríguez *et al.,* 2018).

2.2.1 Socio-demographic factors

Age

Many studies show women in different age groups have different contraception use experiences. Ethiopia demographic and health survey analysis shows that the intermediate age group 30-34 for all women was the most modern contraceptive user (29.3%) compared with young women age 15–19 and old women age 45–49 that had 5% and 10%, respectively (Shoemaker *et al*., 2018). Similarly, a study done in five regions and two administrative areas of Marie Stops International Ethiopia (MSIE) family planning implementation sites shows that women in the age range of 25–34 were the most frequent contraceptive user group (48%) compared with the other age groups (Cahill *et al*., 2018).

Marital Status

Marital Status Research has shown that women's use of contemporary contraception differs depending on their marital status. According to a study done in Shire Indaselase, Ethiopia, married women were 2.7 times more likely than sexually active single women to take modern contraceptives. According to Berihun Megabiaw, (2012), married women were 3.5 times more likely to use contraception than single women, whether they lived in a church, mosque, or on the street. Married women (86.3%) were found to use contraception more frequently than single, divorced, and separated women (14.6%), according to a study conducted in Nigeria (NOOR, 2020).

Education

Numerous studies have shown that women's use of contraception varies depending on their level of literacy. A study in Modjo, Ethiopia found that women with literacy levels 1.9 times higher than those with low literacy levels used contemporary contraception (Oumer et al., 2020). As women's educational attainment rises, so does their use of contraception. According to a secondary examination of EDHS (2011) data, women with primary and secondary education had probabilities of using contraception that were 1.5 and 1.9 times higher, respectively, than those with no education (Degu, 2019).

Religion

Research has shown that women who practice different religions have varying experiences using contraception. According to a secondary school examination of EDHS (2016) data, married Orthodox women were 41.7% more likely than married women of other religious followers to use modern contraception (Adegeh, 2020). According to research conducted in Ethiopia, women who identify as Orthodox Christians have a higher likelihood of using contemporary contraceptives than women who identify as Muslims or adhere to other religions (Tigabu et al., 2018).

2.2.2 Health Beliefs

Women's and men's attitudes, knowledge, and values around contraception are explained by their health views. Participants' attitudes regarding short-term contraceptives and their chosen technique were generally positive across all the research analyzed (Tibaijuka et al., 2017). This may be due to the method's accessibility and the fact that women are less likely to experience negative effects. In contrast, research from Jinka and southern Ethiopia indicates that negative sentiments toward Long-Acting and Permanent Methods (LAPMs) were held by both men and women. Men, in particular, have an extremely negative view of vasectomy. This could be because the family planning program is not well known in the communities on LAPMs (Shattuck et al., 2016).

2.2.3 Personal Factors

Income

When contraceptive methods are not available at nearby facilities or are located far from home, income may also be a facilitating factor in the use of contraception. Married women in high and middle-class positions had, in comparison to married women in poverty, 1.9 and 1.4 times higher probabilities of using modern contraception, according to secondary analysis of EDHS (2011) data (Demilo, 2023). Poor financial standing and a long commute to the closest medical services were found to be major predictors of unwanted pregnancy in a study done in Kersa town (Chojenta Kassa, 2019).

Employment status of women

Various studies have shown that women's occupational status influences their use of contraceptive methods. According to a secondary examination of EDHS (2011) data, married women who were employed were 1.3 times more likely to use contemporary contraception than married women who were not (Belachew et al., 2023). According to research done in Butajira, Ethiopia, women who worked as civil servants, handicrafters, and merchants were, , 6.2, 3.46, and 3.21 times respectively, more likely to use contemporary contraception than women who relied on farming for their livelihood (Ayele, 2012).

Discussion with partner

Contraception use may be influenced by discussions between a husband and wife about fertility-related matters, such as how many children to have and when to give birth to the first and subsequent child. According to a study done in Modjo, Ethiopia, women who are able to have regular conversations about family planning with their husband or partner are 9.6 times more likely to use modern contraception than women who have never had any conversations about it (Gizaw and Regassa, 2011). Women with greater decision-making skills whether alone or in collaboration with partners used contraceptives more effectively. For example, among women who are able to make decisions regarding their own health care, 32% utilized contraception, but just 20% of women who were unable to do so did so (Tadesse et al., 2013).

2.2.4 Communities

Urban/rural

Numerous studies have shown that the use of family planning methods differs according to a woman's place of residence. EHDS (2016) data showed that married women in the urban areas were over twice as likely as their counterparts to use modern contraception (53% and 23%, respectively) (Degu, 2019). According to a Southern Ethiopian study, compared to urban women, rural women used modern contraception about three times less frequently (Shagaro et al., 2022). According to the MSIE survey, women who live in the urban regions use contraception at higher rates than their counterparts (61% and 49%, respectively) (Bekele et al., 2021). This may be the result of women having better access to family planning services and information in urban areas. In contrast, married women in Rwanda who lived in rural and urban regions used modern contraceptives at rates of 47% and 45%, respectively, with minimal variation (Meselu et al., 2022).

2.2.5 Quality of family planning services

Availability

Women's access to preferred forms of contraception is facilitated, and the quality of family planning services is guaranteed when modern contraception is readily available, both in terms of kind and quantity. According to the Marie Stops International Ethiopia study, the study areas' usage of modern contraceptive methods was mostly driven by their accessible availability (Guta et al., 2021). Contrary to this, a study conducted in Butajira Ethiopia shows, for the majority of non-users (53.5%) the reason was stock out and absence of preferred methods in the facility (Mekonen and Worku, 2011).

Acceptability

Continued use of contraception may be ensured if customers find family planning services acceptable. According to a survey done in North West Ethiopia, over 25% of patients at hospitals and health centers were unable to comprehend what the medical professional was saying. Furthermore, 66.6% of the respondents voiced concerns regarding the privacy of the services, especially in government-run healthcare facilities (Habtamu and Adamu, 2013).

According to a study done in Modjo, consumers felt there wasn't enough time in the counseling session to talk with service providers. Clients at the medical institutions reported only brief conversations and large gatherings. This makes it less comfortable for the customer to speak honestly about the various methods (Filieri, 2016).

Male and female sterilization was the least often told procedure in a study conducted in the Jimma zone, while Norplant was the most frequently told method (60%) to clients. It could be because of the non-governmental organizations' (NGOs') pre-study training, which can restrict women's ability to make educated decisions (Grillos, 2018).

Additionally, various limitation criteria that are not listed in the family planning guidelines are used by healthcare providers. For example, the Family Health International Assessment set a minimum age limit of 15.2 years for nurses to dispense oral medicines, but the minimum age requirement for Health Extension Workers (HEWs) was 18.6 years. Additionally, they recommended that a lady return after her menstrual cycle and obtain her partner's approval before giving birth (Lowdermilk et al., 2019).

Affordability

The use of contraception may be impacted by the direct and indirect costs of family planning services. According to a study done in Modjo Town, respondents did not raise financial issue as a barrier because contraceptives were provided free of charge at health facilities (Assefa, 2019). According to Mekele Town research, 83.3% of contraceptive users received it for free, and 16.7% paid for it. Every woman was informed that the price was reasonable (Demilo and Kassa 2023). According to research conducted in Ethiopia and Pakistan, government facilities provided the poorest clients with the highest accessibility to family planning services, while franchise facilities were beyond the reach of low-income women (Azmat et al., 2021). The affordability of long-acting methods was cited by 41.2% of South Western Nigerians who used modern contraceptives as their primary reason for preferring male condoms, pills, and injectables (Wright et al., 2023).

2.2.6 Expected benefit of contraception use

Adoption of contraception is influenced by women's perceptions of the anticipated advantages of using it. According to research done in the municipality of Debremarkos, 56% of women and

43% of men, respectively, stated that using contraception can help limit the size of their family and space out births. According to a Tigray study (Woldeamanuel and Gelebo, 2019), 77.5% of married women were aware of the benefits of Long Acting and Permanent Methods (LAPM) for preventing unintended pregnancies and aiding in family planning.

2.2.7 Fear of the side effects

Several studies have shown that one of the main reasons women choose not to take contraception is their perceived fear of side effects. A survey conducted in Kelela Town indicates that 38.9% of married women do not use modern contraception because they are afraid of side effects and are concerned about becoming infertile or getting sick, such as hypertension (Thummalachetty, 2017). According to a recent examination of demographic and health survey data from developing nations, married women in Ethiopia who did not take contraceptives gave their main excuse 30% of the time, citing concern over the medication's negative effects (Tesfaye et al., 2020). According to a study done in Jimma Zone, Ethiopia, women's non-use of contraception was attributed, in part, to their prior experiences with the negative effects of using it, which included heartburn and heavy monthly bleeding (Drake, 2023). According to a survey done in Mekele Town, 42.5% of the women had a bad opinion about using intrauterine contraceptive devices (IUCD). They believed that it could interfere with sexual activity, postpone pregnancy, limit regular work hours, induce cancer, and invade privacy when it was inserted or removed. Similarly, 11% of women who used contraception began using injectables. They switched primarily due to the discomfort associated with implant insertion and removal (Romanos et al., 2019).

2.3 Contraception

Birth control, or contraception, aids in preventing pregnancy. The female ovary releases an egg once a month during ovulation. Another element that is thought to be essential for the use of contraceptives is knowledge of contraceptives. According to Bardaweel et al., (2015), women who are aware of the use of contraceptives are more likely to utilize them. Though knowledge is a prerequisite for using contraceptives, higher levels of knowledge do not always translate into higher levels of contraceptive use.

2.4 Knowledge, acceptance and use of contraceptives

In addition to the accessibility of Family Planning (FP) services in the community, people's knowledge of FP measures and attitudes regarding them also play a role in the actual usage of contraceptives in households. One important factor that is frequently mentioned in determining the use of contraceptives is ignorance regarding FP sources and procedures. It is projected that the usage of modern contraceptives will increase with increased knowledge and acceptance of them. One of the key components of using contraceptives effectively is thought to be having knowledge about them (Winner et al., 2012). According to Pal, and Baidya (2020), women's ignorance about contraceptives resulted in a failure to utilize them, which in turn caused unwanted pregnancies and induced abortions. By influencing people's views toward the use of contraceptives, knowledge about these drugs' negative effects may also indirectly alter their actual use. According to women, using contraceptives was significantly impacted by their positive attitudes towards the method (Kavanaugh and Jerman, 2018).

2.5 Contraceptive use and number of births

The parents' actual use, especially with regard to contraception, affects the family's condition. Preferred family planning results are harder to attain if no contraception is utilized or if less effective traditional methods are employed (Cahill et al., 2018). According to Frederico (2018), women who have the ability to control the quantity and timing of their pregnancies are less likely to undergo abortions and have more access to career and educational options. At every stage of their reproductive lives, women must have access to a variety of contraceptive methods in order to reap these benefits; unfortunately, in Sub-Saharan Africa, only a small percentage of married women use FP (Deroche et al., 2016). Women most commonly cited fear of adverse effects, health concerns, and inconvenience of use as reasons for not utilizing contraceptives.

2.6 The practice of using modern contraceptives

Adolescent women who use contraception are now rather rare. The actual use of contraception and its knowledge are very different. The majority of sexually active men (90.0%) knew about condoms, but the majority of women (87.0%) knew about pills. But just 15.0% of men and 39.0% of women, reported using condoms and contraception. The study conducted in northwest

Ethiopia shows that only 25.0% of sexually active females used modern contraceptives (Teshome et al., 2021).

2.7 Contraceptive Challenges

The method of using contraceptives is neither easy nor straight forward. Its complexity and the numerous challenges that come with it make it difficult to install and use over time. Sufficient handling of these obstacles may improve the use of contraceptives. According to Asker (2006), understanding the factors that influence people's decisions about contraception is essential for providing effective and efficient contraceptive care. The user's highest level of happiness and faith in the approach, as well as its effectiveness, will determine the reduction of unwanted pregnancies. It is nearly impossible to create a procedure that is flawless because it must be completely safe, effective, free of adverse effects, unrelated to sexual activity, reversible, and affordable. It is difficult for providers of contraception to acknowledge that there isn't a single contraceptive method that works for everyone. Contraceptives rarely come without difficulties, Ochako et al., (2015). These difficulties can be related to facilities, policies, providers, or laws. A number of factors, including socioeconomic status, knowledge of contraceptives, attitudes toward issues related to them, residential area, educational attainment, counseling received on contraception, the opinions of contraceptive providers, and cultural values, norms, and beliefs, influence the use of contraceptives.

2.8 Contraceptive methods available for use

A variety of contraceptive methods are available for men, women, and couples to help them plan their family and avoid an unintended pregnancy. Hormonal contraception methods, such as oral tablets, injectables, and implants, are a few examples of modern contraceptive methods that are now in use. They all work primarily to restrict a woman's ovaries from releasing eggs, which prevents conception. One or two female sex hormones that resemble the hormones a woman's body normally produces are added to hormonal procedures. Barrier methods include chemicals (spermicidal) that destroy or harm sperm in the vagina or devices (male and female condoms) that physically prevent sperm from reaching an egg. The capacity of people to apply barrier

tactics appropriately each and every time they have sex determines how effective they are. Copper devices or hormone-releasing devices are examples of IUDs.

The hormonal intrauterine device (IUD) is a small T-shaped device that is fitted inside the uterus or womb. Over a 5 year timeframe, it slowly releases a very low dose of progestogen hormone into the uterus. Periods usually become lighter or may stop when using a hormonal IUD. The hormonal IUD is 99.8% effective.

The Copper intrauterine device (Cu-IUD) is a small, flexible device made from plastic and copper that is inserted into the woman's uterus or womb. They stop sperm from reaching the egg and any fertilized egg from sticking to the wall of the uterus. They have no hormones and therefore have no effect on the normal female cycle but periods may become heavier when using a copper IUD. It is effectiveness is 99.2%. IUDs need to be replaced every 5-10 years depending on their type or can be removed easily at any time. (Cu-IUD) can also be used as EC. When inserted in the first 120 hours (5 days) after sex, it prevents about 99% of expected pregnancies. A Cu-IUD then provides immediate and ongoing contraception.

The contraceptive implant is inserted directly under the skin, on the inner arm above the elbow, where it continuously releases a low dose of a progestogen hormone into the blood stream over a 3 year timeframe. The implant works by preventing ovulation (egg release from the ovary). Devices need to be replaced every 3 years or can be removed earlier if required. Using an implant will change a woman's usual bleeding pattern – for some women this will mean little or no bleeding at all but about 1 in 5 women have irregular or persistent bleeding. Implants are 99.9% effective.

Contraceptive injections: Depot medroxy progesterone acetate (DMPA) is given by an injection into a muscle every 12 weeks. It prevents pregnancy by stopping ovulation. Periods may stop while using DMPA and there may be a short delay in return to usual fertility. DMPA is 94-99.8% effective.

Condoms are the only method that offers protection from both unintended pregnancy and STDs.

The male condom is a sheath made of latex or polyurethane, which is rolled onto the erect penis before sex. The male condom is 82-98% effective for pregnancy prevention and consistent use is

very important if they are the sole method of contraception. Condoms can be used in conjunction with other methods to increase contraceptive effectiveness.

The female condom is a polyurethane sheath, which is inserted into the vagina before sex. It has two flexible rings to keep it in place in the vagina. The female condom is 79- 95% effective.

Female and male sterilization are permanent methods of contraception which can't be reversed. Sterilization involves a relatively simple surgical procedure that provides life-long protection against pregnancy. Sterilization is appropriate for men and women who are certain they do not want more children.

Female sterilization (tubal ligation) involves an operation blocking the Fallopian tubes to stop the passage of the ovum (egg). It is usually performed with a general anesthetic.

Male sterilization (vasectomy) involves an operation on the vas deferens to prevent sperm formed in the testes from joining the ejaculate fluid. It can be performed under local anesthetic, often with light sedation. Sterilization methods are 99.5% effective.

Withdrawal is where the man takes his penis out during sex (withdraws) from the woman's vagina before he ejaculates (comes). Withdrawal is 78-97% effective and is not recommended as a reliable form of contraception.

Emergency contraception (EC) is used as Emergency procedure to prevent unintended pregnancy following an unprotected act of sexual Intercourse. There are two types of EC the emergency contraception pill (ECP), a pill containing a progestogen hormone and the Cu-IUD.

The Emergency contraceptive pills (ECPs) Emergency can be taken up to 5 days after unprotected sex but it is most effective if taken in the first 24 hours. When taken in the first 72 hours (3 days), it prevents about 85% of expected pregnancies. The sooner they are taken, the more effective they are.

A copper intrauterine contraceptive device (Cu-IUD) can also be used as EC. When inserted in the first 120 hours (5 days) after sex, it prevents about 99% of expected pregnancies. A Cu-IUD then provides immediate and ongoing contraception. They are not meant to be used for ongoing contraception, in place of a regular method (Teal and Edelman, 2021).

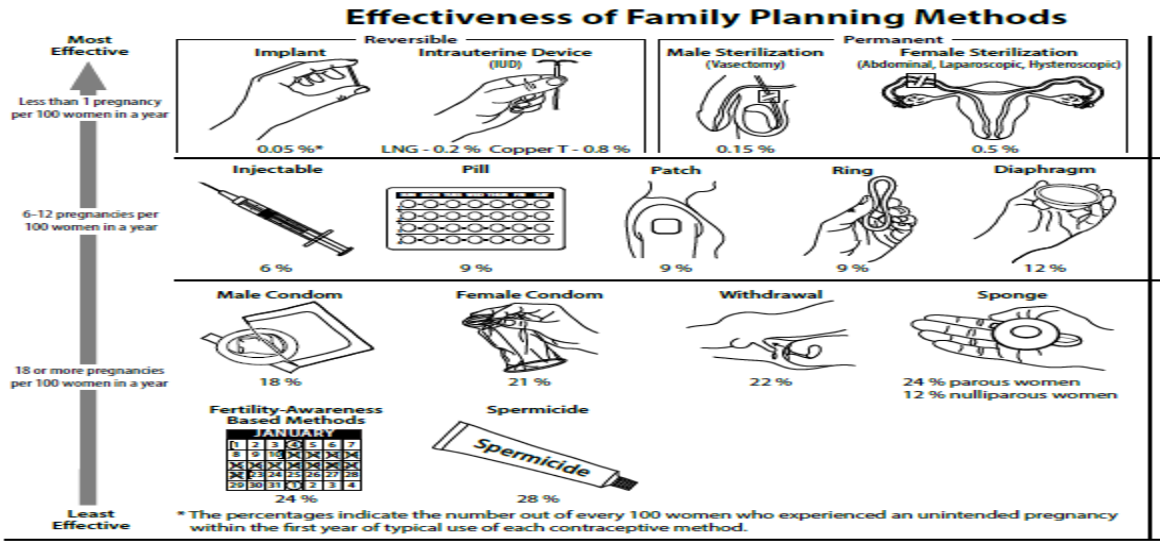


Figure 1. Effectiveness of family planning methods

Source, Choosing a Birth Control Method (Melo *et al.*, 2015)

2.9 Information campaigns

There is proof that media messages about family planning may have a significant impact on raising public awareness of family planning techniques as well as promoting their acceptance and use particularly in low-literate areas. Numerous empirical studies have demonstrated that public relations initiatives could influence behavior, which would lower fertility. For instance, in Bangladesh, exposure to the media was found to be a significant predictor of fertility, even after adjusting for the effects of contraception and socioeconomic status (Anik *et al.*, 2022). Similarly, in Taiwan (Lin, (2020), social media and mass media played a significant role in the dissemination of contraceptive knowledge, which women then translated into behavior, resulting in a reduction in fertility. According to a different study conducted in Pakistan, people who heard or saw condom commercials on television or radio reported higher levels of perceived accessibility to contraceptives, family planning discussion and approval, and contraceptive purchase (Khan, 2023).

2.10 Control factors

Two control variables or variations in fertility and the use and understanding of family planning services are known to influence the growth of wealth. Education is the first controlling factor. By obtaining the knowledge and skills that education provides, people can lead better lives.

Women's education is one of the primary reasons for the drop in fertility. Women with higher levels of education are also more likely to delay and space out their pregnancies, as well as seek assistance and medical attention (Pell *et al.*, 2013). Women's financial status, knowledge of fertility, and attitudes toward contraception all increase with education, which has an impact on their capacity to procreate (Passet-Wittig *et al.*, 2020). Education and family planning use are positively connected; women who have completed more education are more likely to use contraceptives.

The degree of urbanization serves as the second control variable. Rural women generally have more children and use fewer kinds of contraception than their urban counterparts. During the 1990s, urban fertility in Sub-Saharan Africa was on average more than thirty percent lower than rural fertility. Urban fertility has drastically decreased, but rural fertility rates in Ethiopia and other African countries remain incredibly high. One important contributing element could be the higher expense of raising children in developed and metropolitan areas compared to rural ones (Flora, 2018).

2.11 Social and personal consequences of early pregnancy

The effects on a young woman's social, scholastic, and personal life are sometimes irreparable, regardless of her decision to bring the pregnancy to term. In many cultures, young, unmarried women who become pregnant or who are known to have had an abortion may experience social marginalization. Occasionally, worries that they will negatively affect other girls force young women to abandon their education. A young woman's capacity to grow professionally, socially, and academically, as well as her ability to achieve full social status, may be limited or prevented by early motherhood (Castaneda and Isgro, 2013). These impacts can lead to intergenerational early pregnancy, early childbearing, low self-esteem, and poverty, in addition to maintaining current gender imbalances.

CHAPTER THREE

3. METHODS AND MATERIALS

3.1 Study Design

A school -based descriptive cross sectional and quantitative approach were used for the study.

3.1.1 Description of the study area

There were 863 students enrolled in the Satma Dangyia Secondary and Preparatory School in the Banja district at the time of the study; 415 of them were male and 448 were female. One of the 12 districts of Awi Zone in Amhara National Regional State (ANRS) is Banja District. On the main road to Bahir Dar, the district is situated 120 kilometers from Bahir Dar and 447 kilometers from Addis Ababa. Its immediate borders are shared by the Western Gojjam Zone in the east, the Fagita Lekoma District in the north, the Ankesha Guagusa District in the south, and the Guangua District in the west. The region is situated at 10°55'00"–11°2'44"N and 36°38°'28"–37°07'8"E, according to astronomy. The district's administrative center is Injibara Town. The district has a total population of 158,003, according to the most recent district population report. Of these 79,032 male and 78,971 are female. It is 508.1 square kilometers in total size. There are two urban and twenty-five rural kebels inside it. There are 19239 agricultural households overall, with 1265 female and 11974 male (WOARD, 2017, unpublished) (Figure 2).

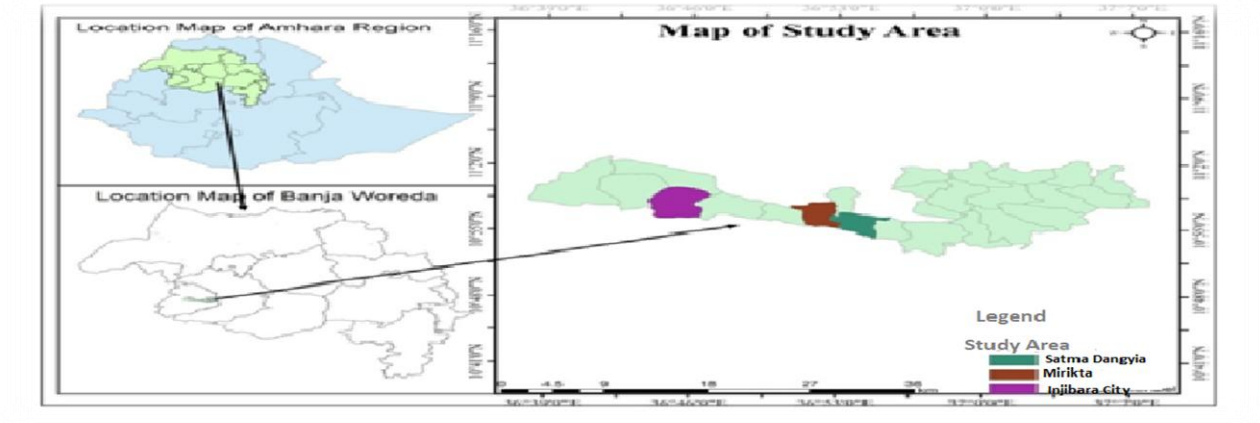


Figure 2. Map of the study area
Source: GIS, 2024

3.2 Study Population

3.2.1. Source of population

The study population comprised female students who are attending their education in Satma Dangyia secondary and preparatory school during year 2022/23.

3.3 Sample size Determination

The sample size is determined by using single population proportion formula through assumption of 95% confidence level (Cl), 5% margin of error and for non-response rate 5% was taken. Therefore, the sample size will be calculated by using the following Cochran's formula (Cochran, 1963).

$$n = \frac{Z^2_{(pq)}}{d^2}, \text{ q= 1-p}$$

Where:

n = is the desired sample size

z= is standard normal deviation at the required confidence interval set at 95 %(1.96)

p = is population proportion of students having knowledge of contraception to be 75.5% (0.755)

q = is the proportion of the target population estimated not to have the characteristics being measured (q= 1-p) (24.5%)

d= is margin of error 5% (0.05)

$$n = \frac{(1.96)^2(0.755)(1-0.755)}{0.05^2}$$

$$n = \frac{3.84(0.755)(0.24)}{0.0025}$$

$$n = \frac{0.71}{0.0025}$$

$$n \approx 284$$

The following formula will determine the minimum sample size (n') if n/N (finite population correction) is used when the total study's population is less than 10,000.

$$n' = \frac{n}{1 + \frac{n}{N}}$$

Where- n’ = Corrected (minimum) sample size

n = determined sample size

N = Total female students in the school

$$n' = \frac{284}{1+\frac{284}{448}}$$

$$n' = 174$$

Subsequently an additional 5% is taken into account for the potential non-response rate.

Thus, n = 5% (174) = 9, hence; 174 + 9 = 183

- Therefore, the final sample size were $n \approx 183$

3.4 Sampling procedures and sample size

Stratified random sampling technique will be employed from each sections and the sample unit will be taken, from the total of 448 female students, using simple random sampling system. Proportional allocation for population size was used to determine the number of study participants in each grade levels. Sections, which were considered as clusters, were selected in each grade level (grade 9th, grade 10th, grade 11th and grade 12th). All female students in the selected sections (clusters) were invited to participate in the study.

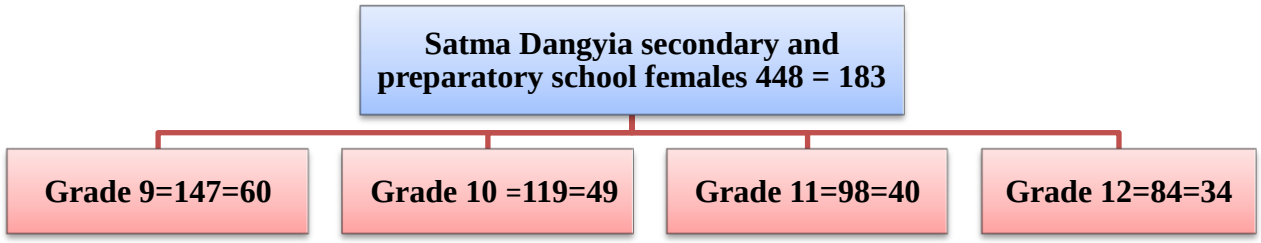


Figure 3. Diagrammatic representation of sampling techniques for female students in Satma Dangyia secondary and preparatory school.

3.5 Data collection techniques

The study instrument was a self-administered questionnaire to investigate the knowledge, attitude and practice towards contraceptive method utilization. Socio-demographic information, knowledge of contraceptives, attitude toward contraceptive methods, sexual history and contraceptive practice were included in the questionnaire. One trained data collector was used for

the collection of the data. This data collector gave all the necessary information to the participants. The questionnaire was prepared in English and translated to Amharic language (Local language) by language expert and then back to English to keep its consistency.

3.6 Study Variables

3.6.1 Independent Variables

Socio-demographic factors (age, marital status, religion, educational status, and living arrangements) source of information**,** sexually active.

3.6.2 Dependent Variables

The dependent variables include: knowledge of contraceptive, practice of contraceptive and attitude towards contraceptive method.

3.7 Data processing and analysis

3.7.1 Data Processing

The questionnaire were primarily prepared in English language and translated to Amharic (local language) and then translated back to English by translator in order to check consistency of the questionnaires. A 5% (9) pre-tested and self-administered structured questionnaires were used. One day training was given to data collection facilitators.

The completeness and consistency of the questionnaire were checked by two principal investigators, who supervised the entire data collection process. After data collection, questionnaires were reviewed and checked for completeness and relevance by the principal investigators**.** In this study a total of 183 respondents were selected randomly by the researcher on January 26/2023 and then the participants collected together from grade 9^{th} 60, grade 10^{th} 49, grade 11^{th} 40 and from grade 12^{th} 34 respondents were selected.

3.7.2 Data Analysis

Data gathered through questionnaires from the respondents was analyzed using MS excel and Statistical Package for social Science (SPSS) software version 26. Here descriptive statistics like frequency and percentage methods were employed. The descriptive statistics were used to

describe the basic features of the data in a study to provide simple summaries about the sample. Frequency distribution, tables and graphs or charts were used to describe most of the findings. Logistic regression analysis was used to find the association between demographic variables and knowledge, attitude and practice. A test of probability value less than 5% (0.05) was considered statistically significant at a 95% confidence interval.

3.8. Ethical considerations

Verbal consent was received from individual study subject after provided adequate information by reading the information sheet that describes the purpose of the study and its confidentiality. The rights of the participants regarding to confidentiality and oral consent was taken and maintained. No data was collected without the knowledge of each participant. In addition, each of them have been informed of the confidentiality of the data and the respondents were informed as they can skip, as they do not want to answer fully or partly and to quit the process at any time if they want to do so and their participation would be voluntary.

CHAPTER FOUR

4. RESULT AND DISCUSSION

4.1 Result

4.1.1 Socio-demographic characteristics of the study respondents

The total number of female students participated in this study were 183 making a response rate of 100 %. The majority of the participants'150(82%) were found between the age of 15-18 years while the rest 33(18%) were found between 19-22 years. Out of the total most 163(89.1%) of the participants were single while the rest 12(6.6%) were married, 4(2.2%) were divorced and 4(2.2%) widowed in their marital status. About 60 (32.8%) were grade nine students, 49 (26.8) were grade ten, 40 (21.9%) were grade eleven and 34 (18.60%) were grade twelve students. Of this 159 (86.9%) respondents were Orthodox follower and the rest were 24 (13.1%) Protestants followers. Majority 167(91.3%) of the respondents live in rural areas and the others were live in urban. From a total of participants 171(93.4) live with their parents, while 8(4.4) live in rent houses and 4(2.2) with husband (Table 1).

Table 1: Socio-demographic characteristics of female students in Satma Dangyia secondary and preparatory school, June 2023 (n=183)

Variables(n=183)		Frequency	Percent (%)
Age	15-18 years	150	82.0
	19-22 years	33	18.0
	Total	183	100%
Marital status	single	163	89.1
	married	12	6.6
	divorced	4	2.2
	widowed	4	2.2
	Total	183	100%
Grade level	grade 9	60	32.8
	grade 10	49	26.8
	grade 11	40	21.9

	grade 12	34	18.6
	Total	183	100%
Religion	orthodox	159	86.9
	protestant	24	13.1
	Total	183	100%
Residence	urban	16	8.7
	rural	167	91.3
	Total	183	100%
With whom do you live?	with parents	171	93.4
	in rent house	8	4.4
	with husband	4	2.2
	Total	183	100%

4.1.2 Knowledge of female students about contraceptive methods

Approximately 48.6% (89) of the respondents had some knowledge about contraceptives, while 51.4% (94) did not. Among these knowledgeable students, 29.0% (53) knew about injectables, 20.2% (37) about pills, 25.7% (47) about condoms, and 25.1% (46) about implant contraceptive devices. Regarding responsibility for contraceptive methods, 1.6% (4) of males was responsible, 42.6% (77) of females were in charge, and 55.7% (102) of students both male and female shared the responsibility. The significance of selecting contraceptive methods had the following factors were prioritized: convenience in purchasing or using contraceptives 20(10.9%), comfort and safety in using them 37(20.2%), contraceptive effectiveness 85 (46.4%) and feeling of using contraceptive41 (22.4%).

To assess knowledge of the students about where to get the contraceptive methods, about 57.9% (106) of them know the location where to get but about 42.1% (77) had no knowledge about where to get the contraceptive methods. Out of the students who had knowledge about the sources of the contraceptive method where they do to get, the number of respondents who replied clinic 44.3% (81), school 26.8% (49) and hospital 28.9% (53). Among the respondents who know from where they get contraceptives, the majorities 44.3% (81) believe that clinic is a place

where contraceptives were found followed by 28.9% (53), school 26.8% (49) and hospital (Table 2).

Table 2. Knowledge of contraception among female students in Satma Dangyia secondary and preparatory school, June 2023 (n=183).

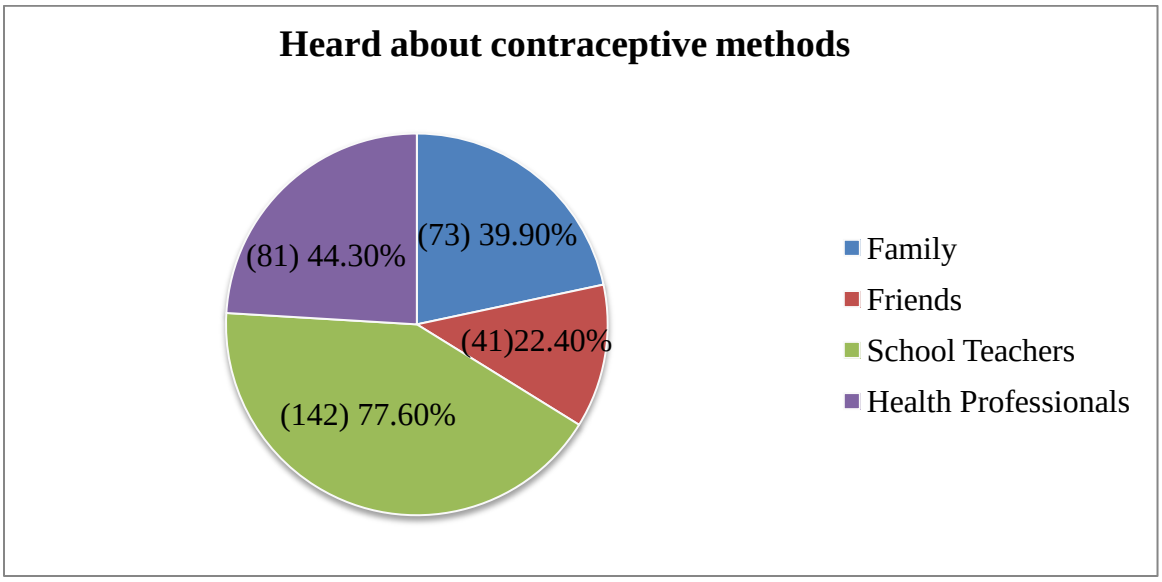
Variables(n=183)		Frequency	Percent (%)
Have you some information on contraceptive methods?	yes	89	48.6
	no	94	51.4
	Total	183	100%
Name all contraceptive methods you know	pill	37	20.2
	injectable	53	29.0
	condom	47	25.7
	implant	46	25.1
	Total	183	100%
Do you know where to get contraceptive methods if you want?	yes	106	57.9
	no	77	42.1
	Total	183	100%
Who should be responsible for contraception?	male	3	1.6
	female	78	42.6
	both	102	55.7
	Total	183	100%
The priority consideration of choosing contraceptive methods.	contraceptive effectiveness	85	46.4
	feeling of using contraceptive	41	22.4
	convenience of buying or using contraceptive tools	20	10.9
	safety of	37	20.2

	contraceptives		
	Total	183	100%
Name sources of contraceptive methods.	clinic	81	44.3
	school	49	26.8
	hospital	53	29.0
	Total	183	100%

Figure 3. Participants heard about contraceptive methods.

Figure 4 below illustrates from whom or where participants heard about contraceptives methods. According to the respondents, approximately 39.9% (73) heard from family, 22.4% (41) heard from friends, 77.6% (142) from school teachers, and 44.3% (81) from health professionals. The majority of participants learned about contraceptives from their school teachers (77.6%), followed by health professionals (44.3%), family (39.9%), and friends (22.4%) (Figure 4).

Figure 4. Participants heard about contraceptive methods.



4.1.3 Attitudes of modern contraceptive by the study group

To assess the attitudes of female students towards contraceptive methods, four questions were prepared. When asked if they would like to know more about modern contraceptives, 95.6% (175 students) responded yes, while 4.4% (8 students) responded no. The majority of participants expressed a desire to learn more about modern contraceptive methods. Additionally, 51.4% (94 students) reported discussing modern contraceptives with their friends, whereas 48.6%

(89students) did not. Approximately 55.7% (102) of respondents indicated that contraceptives are very important, 31.1% (57) considered them not very important, and 13.1% (24) believed they are harmful to one's health. The majority (55.7%) agreed on the importance of contraceptives.When asked if they favor the use of contraceptive methods by adults, 68.9% (126 students) responded yes, and 31.1% (57 students) responded no (Table 3).

Table 3. Attitude of contraception among female students in Satma Dangyia secondary and preparatory school, June 2023 (n=183)

Variables(n=183)		Frequency	Percent (%)
Would you like to know more about contraceptive?	yes	175	95.6
	no	8	4.4
	Total	183	100%
Do you discuss about contraceptive with their friends?	yes	94	51.4
	no	89	48.6
	Total	183	100%
Which of the following best describe you is feeling about contraceptives?	very important	102	55.7
	not important	57	31.1
	harmful for health	24	13.1
	Total	183	100%
Do you favour use of contraceptive methods by adults?	yes	126	68.9
	no	57	31.1
	Total	183	100%

4.1.4 Sexual History of School Girls

Table 4 presents the frequency distribution of sexual history among female students. When asked if they have a sexual partner, 29.0% (53 students) answered yes, while 71.0% (130 students) indicated they do not have a partner, suggesting that the majority of school girls remain single. In terms of sexual intercourse, 13.1% (24 students) reported experiencing it, whereas 86.9% (159 students) stated they have not. Regarding pregnancy, 4.4% (8 students) reported having been pregnant at some point, while 95.6% (175 students) reported they had not. Among those who had been pregnant, 2.2% were currently pregnant (Table 4).

Table 4. Sexual history of female students in Satma Dangyia secondary and preparatory school June 2023 (n=183).

Variables(n=183)		Frequency	Percent (%)
Do you have sexual partner?	yes	53	29.0
	no	130	71.0
	Total	183	100%
Have you ever had sexual intercourse? (n= 53)	yes	24	45.3
	no	29	54.7
	Total	53	100%
How old were you the first time you had sex?	15-18 years	122	66.7
	19-22 years	61	33.3
	Total	183	100%
Have you ever been pregnant?	yes	8	4.4
	no	175	95.6
	Total	183	100%
What was the outcome of pregnancy?	0	179	97.8
	currently pregnant	4	2.2
	Total	183	100%

4.1.5 Contraceptive practices of Female Students

To assess the practices of school girls, Table 5 presents the responses to questions about contraceptive use during their first sexual intercourse. Approximately 7.1% (13) of the students reported using a contraceptive method, while 92.9% (170) did not. This indicates that most school girls did not use a contraceptive method during their first sexual experience.

About 8.7% (16) of the respondents discussed contraceptives with their partners during their first sexual encounter, whereas 89.1% (163) did not. When asked if they or their partner used a contraceptive method during their most recent sexual intercourse, none of those who replied "yes" provided a response, but 100% (183) of those who replied "no" did. Out of these the respondents asked about their reasons for using contraceptives, approximately 53.6% (98 participants) indicated they used them to prevent unwanted pregnancies, about 39.9% (73 participants) used them to prevent sexually transmitted diseases (STDs), and around 6.6% (12 participants) used them for medical reasons. This data suggests that the primary reason for contraceptive use among these students is to prevent unwanted pregnancies. Based on Table 5, when students asked about the frequency of contraceptive use since their first interaction, approximately 8.7% (16) reported always using them, 4.4% (8) said sometimes, and about 86.9% (159) indicated they never used contraceptive methods. Most respondents stated they never use contraception.

Regarding future contraceptive use, 60.1% (110) of the participants indicated they plan to use contraceptive methods, while 39.9% (73) did not. This shows that more than half 60.1% of the respondents had plan to use contraceptive methods in future (Table 5).

Table 5. Practice of contraception among female students in Satma Dangyia secondary and preparatory school, June 2023 (n=183).

Variables(n=183)		Frequency	Percent (%)
Have you ever used contraceptive methods?	Yes	13	7.1
	No	170	92.9
	Total	183	100%
Did you and your	yes	16	8.7

partner discussed about contraceptive the first time you had sex?	no	163	89.1
	do not remember	4	2.2
	Total	183	100%
Did you or your partner use contraceptive the first time you had sex?	yes	8	4.4
	no	175	95.6
	Total	183	100%
	No	183	100%
For what purpose did you used contraceptive methods?	prevent unwanted pregnancy	98	53.6
	prevent STDs	73	39.9
	for medication	12	6.6
	Total	183	100%
How often you or your partner did use contraceptive methods?	always	16	8.7
	some times	8	4.4
	never	159	86.9
	Total	183	100%
Do you plan to use contraceptive methods in the future?	yes	110	60.1
	no	73	39.9
	Total	183	100%

4.2 Discussion

Family planning allows anticipating and attaining well desired and healthy family. And it is achieved by the use of contraceptive methods. Ethiopia has made tremendous progress in increasing the contraceptive prevalence rate over time. Despite the availability of contraceptive methods, still there are high levels of fertility and a considerable unmet need for contraception in terms of knowledge, attitude, and practice. Such knowledge empowers the students to take responsibility for preventing unwanted pregnancies and sexually transmitted diseases.

4.2.1 Knowledge of female students about contraceptive methods

The present study result revealed that 48.6% of participants have information about contraceptives. In the study conducted in North Gondar by Goshu *et al., (2018) 75%* of participants had information about contraceptives. A similar study carried out in Nigeria by (Yaya et al., 2018) showed that 60% of youth have information about contraceptives. Injectables 29.0%, condoms 25.7% and implant 25.1% were most popular in this study. This is congruent with the information from the Central Statistical Agency Endriyas, (2019) which found that knowledge of contraception is nearly universal in Ethiopia. The current study finding is also comparable with results obtained in other studies conducted among university students (Sharp and Theiler, 2018).

The most common sources of information were school teachers 77.6% followed by health professionals 44.3% in this study. The school teachers were the most cited source of information compared to other sources which could relate to the fact that most of them were studying health-related fields in other studies, health professionals, media and peers are more common sources of information than school teachers (Racey*et al.,* 2010).

The present study showed that more than half (51.4%) of the girls were not knowledgeable about modern contraceptive methods. This finding was in contrast with the reported contraceptive knowledge level of adolescents to be 61.5% Shakya and Ghimire, (2020). This is also similar to the study conducted by Polisi *et al.,* (2014) and Aman Jima *et al.* (2016). However, this knowledge status was varied because of some socio-demographic factors like age especially girls aged 19-22 years old were relatively knowledgeable. This may be because of the biological fitness of the age for childbirth or pregnancy, which makes them eager more to have a planned family based on evidence compared to the other age. However, other studies contradict the above finding like the report made by Sonia *et al.* (2011) and Abinash *et al.* (2017) which reported their knowledge was below the mean. This discrepancy may be because of differences between the study areas. Moreover, higher grade level also contributes girls to having more knowledge relating to contraceptive methods agree with the report of (Munakampe *et al.*, 2018). This may be related to the possibility of opportunity for acquisition of knowledge as grade level increases. Moreover, grade level and age by Aman Jima *et al.* (2016), older age by Solomon Abrha *et al.* (2014), and education by Sonam *et al.* (2013) reported that they showed an association with

knowledge of contraceptive methods. Although married girls were knowledgeable, compared to other marital statuses among the respondents it was statistically significance.

4.2.2 Attitudes of modern contraceptive by the study group

In the present study, majority (95.6%) of the students would like to know and most (51.4) of them were discuss about modern contraceptive methods with their friends. Results show that the majority 61.5% of participants have an interest in knowledge about contraceptives LYDIaH, (2023). In the present study, most of the respondents (55.7%) feel that contraceptive is important. Other studies including findings reported by Zendehdel *et al.,* (2020) disagreed with the present result by indicating women had negative attitudes towards contraceptive methods. In the same way, most girls in the current study area (95.6%) have had a positive attitude towards modern contraceptive methods. Although no statistically significant relationship existed between respondents' attitude towards family and utilization in the current study, previous studies had established that those who approved of family planning are more likely to use them. This finding agrees with a study done in Pakistan by Sonia *et al.* (2011), in Nepal by Abinash *et al.* (2017), and in Ethiopia by Solomon Abrha *et al.* (2014). Another study done in Pakistan by Gupta *et al*. (2016) reported that most of the respondents (89.3%) showed positive attitudes towards family planning. In addition, the attitude was influenced by different socio-demographic factors like grade level, age, and marital status in the present study and when the grade level of girls' increases, their attitude also increases. Married girls had a significantly positive attitude towards contraceptive use. According to Abinash *et al.* (2017), students who were in the high age group had positive attitudes and the low age group had negative attitudes. This result is similar to the present study in that age was significantly associated with attitude and this difference may be because of differences in study participants. In the present study, all reproductive age group students were included whereas in the after-mentioned study only married women of the reproductive age group were involved.

4.2.3 Contraceptive practices of the secondary and preparatory school girls

This study revealed that having information on the method, easy for secret use, and easy to get the method are the three most common reasons for choosing the above methods. Similarly, embarrassment to buy, fear of side effects, and lack of information on where to get the method

are the three most common reasons reported by sexually active respondents for not using contraceptives. This is in agreement with the findings of studies conducted in the country (CORHA, 2011) and in Uganda (Agardh *et al*., 2010). This shows that very little attention has been given to educating this segment of the population on relations of sexuality, contraceptive use, and the risk of pregnancy.

Finally regarding the practice of female students, this study showed that 93.4% of girls had poor practice of modern contraceptive methods. The finding agreed with other research conducted by Aman *et al.* (2016), Aziz *et al.* (2012), *and* Abinash *et al.* (2017). However other research done in Pakistan showed that there was good practice and utilization of contraceptive methods (Sonia *et al.*, 2011). This difference might be due to the acquisition of knowledge differences among the study population. And also factors such as age, grade level, marital status, and residence were found to influence the practice positively or negatively. It is consistent with the study of Elham *et al.* (2017) that married women had better practice of contraceptive methods. Current contraceptive use in this study is 6.6% which is comparable to other Pakistan studies (Alam, *et al*., 2018).

CHAPTER FIVE

5. CONCLUSIONS AND RECOMMENDATION

5.1 CONCLUSIONS

This study showed that most respondents have good knowledge and information about contraceptive methods. Predominant contraceptive methods known by students were injectables, pills, implants, and condoms respectively. Injectable is the most popular method and school teachers were the major sources of information. Age, grade level, and marital status showed statistically significant association in the analysis for girls to know. In the study groups, the three main sources of accessing contraceptives were identified as clinics, schools, and hospitals. Most of the students would like to know and discuss about modern contraceptive methods with their friends. The majority of the participants have positive attitudes about contraceptives. Out of the sexually active participants, most of them didn't use contraceptives because they were afraid of getting it. In this survey, the two main purposes for contraceptive use were identified as the prevention of unwanted pregnancy and sexually transmitted diseases (STDs) like HIV/AIDS. The majority of the participants have poor practice of modern contraceptives. The majority of respondents felt contraceptive methods were very important and planned to use them in the future to prevent unwanted pregnancy and sexually transmitted diseases in the study area.

5.2 RECOMMENDATIONS

The findings of this research have led to the following recommendations being made:

- Since the majority of them stated that they planned to use contraception in the future and that their fear of using one prevented them from using one, woreda health offices, health extension workers, and other healthcare workers should establish a welcoming environment regarding the accessibility of contraceptive methods.
- Healthcare providers working in the contraception and reproductive health service should enter to study area to provide information and service instead of waiting for them to their compound to safeguard female students before they face the problem.

- To increase knowledge about contraceptive methods and to bring attitudinal change among female students there should be continuous open health education on specific information about contraceptives.
- Being this study used descriptive statistics only, it is recommended for further research to be in detail to see the associated variables through inferential statistics.

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7. APPENDEX/ANNEX - I

QUESTIONNAIRE

ADDIS ABABA UNIVERSITY COLLEGE OF NATURAL AND COMPUTATIONAL SCIENCE DEPARTMENT OF BIOLOGY SURVY QUESTIONNAIRES FOR FEMALE STUDENTS IN SATMA DANGYIA SECONDARY AND PREPARATORY SCHOOL, IN BANJA DISTRICT, AWI ZONE, AMHARA REGION STATE, ETHIOPIA.

Greeting:

Hello! I would like to ask you some questions about contraceptive method utilization. I believe that it would help to protect yourselves from unwonted pregnancy and its consequence in the future to meet your need. The aim of this study is to assess the knowledge, attitude and practice on contraceptive use among female students in Satma Dangyia Secondary and Preparatory School.

INSTRUCTIONS:- Please tick(✓) only the box or boxes beside the options provided that best represent your position or views for each questions, or write out your answers in the gaps where no options are provided for questions. Please answer as truthfully as you can. Your identity will not be known or revealed through this questionnaire. All information you give will be kept strictly confidential. Your participation is Voluntary.

May I continue? Yes, No.

Thank you!

I. Socio-demographic information

1. Sex of respondents ☐ Male ☐ Female
2. What is your age? Write age in year's _____
3. What is your marital status? ☐ Single ☐ Married ☐ Divorced ☐ Widowed
   Others Specify_____
4. Grade level ☐ 9^{th} ☐ 10^{th} ☐ 11^{th} ☐ 12^{th}
5. Religion ☐ Orthodox ☐ Protestant ☐ Muslim ☐ Other specify_____
6. Permanent residence ☐ Urban ☐ Rural
7. With whom do you live? ☐ With parents ☐ In rental house ☐ With husband
   Other specify_____

II. Knowledge of contraceptives

8. Have you some information on modern contraceptives? ☐ Yes ☐ No
9. If yes for Q8, would you please name all contraceptive methods you know?

_____

_____

10. From whom or where, have you heard the information about contraceptives? Multiple answers are possible. ☐ Families ☐ Friends ☐ School teachers ☐ Health professionals Others specify _____
11. Do you know where to get contraceptive methods if you want? ☐ Yes ☐ No
12. Who should be responsible for contraception? ☐ Male ☐ Female ☐ Both of them have responsibility ☐ Both of them without responsibility
13. The priority consideration of choosing contraceptive methods：
    - ☐ Contraceptive effectiveness
    - ☐ The feeling of using contraceptive methods
    - ☐ The convenience of buying or using contraceptive tools
    - ☐ The safety of contraceptive methods
14. Please name all contraceptive sources you know?

_____

_____

III. Attitude toward Contraceptive Methods

15. Would you like to know more about modern contraceptive methods?
    ☐ Yes ☐ No
16. Do you discuss about modern contraceptive with your friends? ☐ Yes ☐ No
17. Which of the following best describe you is feeling about contraceptives?
    - ☐ Contraceptives are very important
    - ☐ Contraceptives are not very important
    - ☐ Contraceptives are harmful for health
18. Do you favour use of modern contraceptive methods by adults? ☐ Yes ☐ No

IV. Sexual History

19. Do you have sexual partner? ☐ Yes ☐ No

20. Have you ever had sexual intercourse? ☐ Yes ☐ No
21. How old were you the first time you had sex? Write your age in year's _____
22. Have you ever been pregnant? ☐ Yes ☐ No
23. If yes, what was the outcome of the pregnancy?
    ☐ Currently pregnant ☐ Life birth ☐ Abortion

V. Contraceptive practice

24. Have you ever used contraceptive methods? ☐ Yes ☐ No
25. Did you and your partner discussed about contraceptive methods the first time you had sex?
    ☐ Yes ☐ No ☐ Do not remember
26. Did you or your partner use contraceptive the first time you had sex? ☐ Yes ☐ No
27. If yes to Q26, what method did you or your partner used the first time you had sex?
    ☐ Pill ☐ Injectable ☐ Implant ☐ Condom
    Other/specify_____
28. Have you or your partner used contraceptive method the last time you had sexual intercourse? ☐ Yes ☐ No
29. If yes to Q28, what was the method you used?
    ☐ Pill ☐ Inject able ☐ Implant ☐ Condom Other/specify _____
30. Why you prefer the method you used Q29?
    ☐ Easy for secret use ☐ Easy to get it ☐ I get it free ☐ Have better knowledge about it
31. For what purpose did you used contraceptive methods the last time you had sexual intercourse? ☐ To prevent unwanted pregnancy ☐ prevent sexually transmitted diseases ☐ For medication ☐ Other specify _____
32. Since from the first intercourse how often you or your partner did use contraceptive methods? ☐ Always ☐ Some- times ☐ Never
33. If your answer is yes, to Q20 and No, to Q24 why you don't use contraceptive methods?
    _____
    _____
34. Do you plan to use contraceptive method in the future? ☐ Yes ☐ No

አዲስ አባባ ዩኒቨርሲቲ በተፈጥሮ እና ኮመፒቲሽናል ሳይንስ ኮሌጅ በባዮሎጂ ትምህርት ክፍል

በሳትማ ዳንጊያ አጠቃላይ ሁለተኛ ደረጃ ት/ቤት በሚገኙ ሴት ተማሪዎች የሚሞላ መጠይቅ

አባሪ-1

መጠይቅ

በአዲስ አባባ ዩኒቨርሲቲ በተፈጥሮ እና ኮምፒቴሽናል ሳይንስ ኮሌጅ በባዮሎጂ ትምህርት ክፍል በአማራ ክልል በአዊ ዞን በባንጃ ወረዳ በሳትማ ዳንጊያ አጠቃላይ ሁለተኛ ደረጃ ት/ቤት ለሴት ተማሪዎች የቀረበ መጠይቅ ነው፡፡

<u>ሠላምታ</u>፡

ጤና ይስጥልኝ! ውድ ተማሪዎች ስለ ወሊድ መቆጣጠሪያ ዘዴ አጠቃቀም አንዳንድ ጥያቄዎችን ልተይቃችሁ እወዳለሁ፡፡ ይህ የእናተን ፍላጎት ለማሟላት ራሳችሁንም ካልተፈለገ እርግዝና እና ወደ ፊት ከሚያስከትላቸው ተዕእኖዎች ለመጠበቅ እንደሚረዳችሁ አምናለሁ፡፡ የዚህ ጥናት ዋና አላማም በሳትማ ዳንጊያ አጠቃላይ ሁለተኛ ደረጃ ት/ቤት የሚገኙ ሴት ተማሪዎች ስለ ወሊድ መቆጣጠሪያ አጠቃቀም ስላላቸው እውቀት፣አመለካከት እና ልምድን ለመፈተሽ ነው፡፡

<u>መመሪያ</u>፡- ውድ ተማሪዎች ይህንን መጠይቅ ለማሟላት ሲባል በሁለት አይነት መንገድ እንድትሞሉልኝ ስል በትህትና እጠይቃለሁ፡፡ የመጀመሪያው መንገድ ከቀረቡት አማራጮች አጠገብ ያለውን ሳጥን ወይም ሳጥኖች ላይ የእርማት (✓) ምልክት በማድረግ በትክክል የራሳችሁን አቋም ወይም አመለካከት በተሻለ ሁኔታ የሚወክሉት ላይ በማስቀመጥ ሲሆን ሁለተኛው መንገድ ደግሞ ለጥያቄዎች ምንም አማራጮች ባልቀረቡባቸው ክፍተቶች ውስጥ ምላሾችን በመፃፍ ነው፡፡ በተቻለ መጠን የምትሰጡት ምላሽ እርግጠኛ ይሁን፡፡ በዚህ መጠይቅ ማንነታችሁ አይታወቅም ወይም አይገለፅም፡፡ ሁሉም የሚሰጡ ምላሾች በጥብቅ ሚስጥር ይጠበቃል፡፡ የእርስዎ ተሳትፎ በፈቃደኝነት ነው፡፡

ልቀጥል? አዎ አይ

አመሰግናለሁ!

I. የሶሺዮ-ስነ-ሕዝብ መረጃ

1. የተሳታፊዎች ፆታ ▢ ወንድ ▢ ሴት
2. እድሜሽ ስንት ነው? ዕድሜየ _____አመት ነው።
3. የጋብቻ ሁኔታ ▢ ያላጋባች ▢ ያገባች ▢ የፈታች ▢ ባሏ የሞተባት
   ▢ ሌላ ካለ ይገለፅ _____
4. የክፍል ደረጃ ▢ 9ኛ ▢ 10ኛ ▢ 11ኛ ▢ 12ኛ
5. ሀይማኖት ▢ ኦርቶዶክስ ▢ ፕሮቴስታንት ▢ እስልምና
   ▢ ሌላ ካለ ይገለፅ _____
6. ቋሚ የመኖሪያ ቦታ ▢ ከተማ ▢ ገጠር
7. ከማን ጋር ትኖሪያለሽ? ▢ ከወላጆች ጋር ▢ በኪራይ ቤት ▢ ከባለቤቱ ጋር
   ▢ ሌላ ካለ ይገለፅ_____

II. ስለ እርግዝና መቆጣጠሪያ ያላቸው እውቀት

8. ስለ ዘመናዊ ወሊድ መቆጣጠሪያ የተወሰነ መረጃ አለሽ? ▢ አዎ ▢ የለም
9. ለጥያቄ ቁጥር 9ኝ መልስሽ አዎ ከሆነ ሁሉንም የምታውቂያቸውን የእርግዝና መቆጣጠሪያ ዘዴዎችን ጥቀሺ _____
   _____
10. ስለ ወሊድ መቆጣጠሪያ ከዚህ በፊት ከማን እና ከየት መረጃውን ሰማሽ?
    ከአንድ በላይ መልስ መምረጥ ይቻላል።
    ▢ ከቤተሰብ ▢ ከጓደኛ ▢ ከት/ቤት መምህራን ▢ ከጤና ባለሙያዎች
    ▢ ሌላ ካለ ይገለፅ_____
11. የወሊድ መቆጣጠሪያ ዘዴዎችን ከፈለግሽ ከየት እንደምታገኚ ታውቂያለሽ?
    ▢ አዎ ▢ የለም
12. እርግዝናን ለመከላከል ሀላፊነቱ የማን ነው? ▢ የወንድ ▢ የሴት ▢ የሁለቱም
    ▢ ሁለቱም ሀላፊነት የላችውም
13. የወሊድ መቆጣጠሪያ ዘዴዎችን ለመምረጥ ቅድሚያ ግምት ውስጥ መግባት ያለበት፤
    ▢ የወሊድ መቆጣጠሪያ ውጤታማነት
    ▢ የወሊድ መቆጣጠሪያ ዘዴን ለመጠቀም ፍላጎት መኖር
    ▢ የወሊድ መቆጣጠሪያ መሳሪያዎችን ለመግዛት ወይም ለመጠቀም አመቺ መሆን
    ▢ የወሊድ መቆጣጠሪያ ዘዴዎች ተስማሚ መሆን

14. እባካችሁ ሁሉንም የምታውቋቸውን የወሊድ መቆጣጠሪያ መገኛዎችን ወይም ምንጮችን ጥቀሱ፡፡_____

_____

III. ስለ እርግዝና መከላከያ ዘዴዎች ያላቸው አመለካከት

15. ስለ ዘመናዊ የእርግዝና መከላካያ ዘዴዎች የበለጠ ማወቅ ትፈልጊያለሽ?

    ▢ አዎ ▢ አልፈልግም

16. ስለ ዘመናዊ የእርግዝና መከላከያ ከጓደኛሽ ጋር ትወያያለሽ? ▢ አዎ ▢ የለም

17. ከሚከተሉት ውስጥ ስለ ወሊድ መቆጣጠሪያዎች የበለጠ የሚገልፀው ሀሳብ ሊሆን የሚችለው የቱ ነው ትያለሽ?

    ▢ እርግዝና መቆጣጠሪያ እጅግ ጠቃሚ ነው

    ▢ እርግዝና መቆጣጠሪያ እጅግ ጠቃሚ አይደለም

    ▢ እርግዝና መቆጣጠሪያ ለጤና ጎጂ ነው

18. ጎልማሶች ዘመናዊ የእርግዝና መከላከያ ዘዴዎችን እንዲጠቀሙ ትደግፊያለሽ ወይም ትመክሪያለሽ? ▢ አዎ ▢ የለም

IV. የፆታዊ ግንኙነት ቅድመ ታሪክ

19. የፍቅር ጓደኛ አለሽ ወይ? ▢ አዎ ▢ የለም

20. ፆታዊ ግንኙነት ፈፅመሽ ታውቂያለሽ? ▢ አዎ ▢ የለም

21. ለመጀመሪያ ጊዜ ፆታዊ ግንኙነት ስትፈፅሚ ዕድሜሽ ስንት ነበር?ዕድሜየ___አመት ነበር፡፡

22. አርግዘሽ ታውቂያለሽ? ▢ አዎ ▢ የለም

23. መልስሽ አዎ ከሆነ የእርግዝና ውጤቱ ምን ነበር?

    ▢ አሁንም ነፍሰጡር ነኝ ▢ በህይወት ተወልዷል ▢ ውርጃ ተፈፅሟል

V. የወሊድ መቆጣጠሪያ ልምድ

24. የእርግዝና መከላካያ ዘዴዎችን ተጠቅመሽ ታውቂ ነበር? ▢ አዎ ▢ የለም

25. አንቺ እና ፍቅረኛሽ ለመጀመሪያ ጊዜ ግብረስጋ ግንኙነት ስትፈፅሙ ስለ እርግዝና መከላካያ ዘዴዎች ተወያይታችሁ ነበር? ▢ አዎ ▢ የለም ▢ አላስታውስም

26. አንቺ ወይም ፍቅረኛሽ ለመጀመሪያ ጊዜ ግብረስጋ ግንኙነት ስትፈፅሙ የእርግዝና መከላካያን ተጠቅማችኋል? ▢ አዎ ▢ የለም

27. ለጥያቄ ቁጥር 26 መልስሽ አዎ ከሆነ አንቺ ወይም የአንቺ ጓደኛ ለመጀመሪያ ጊዜ ፆታዊ ግንኙነት ስትፈፅሙ የትኛውን ዘዴ ተጠቀማችሁ?

☐ ኪኒን ☐ መርፌ ☐ በክንድ የሚቀበር ☐ ኮንዶም

☐ ሌላ ካለ ይገለፅ_____

28. አንቺ ወይም ፍቅረኛሽ ለመጨረሻ ጊዜ ግብረስጋ ግንኙነት ስትፈፅሙ የእርግዝና መከላከያ ዘዴን ተጠቅማችኋል? ☐ አዎ ☐ የለም

29. ለጥያቄ ቁጥር 28 መልስሽ አዎ ከሆነ የተጠቀማችሁት የእርግዝና መከላከያ ዘዴ ምን ነበር? ☐ ኪኒን ☐ መርፌ ☐ በክንድ የሚቀበር ☐ ኮንዶም

☐ ሌላ ካለ ይገለፅ _____

30. ጥያቄ ቁጥር 29 ላይ የተጠቀምሽውን ዘዴ ለምን መረጥሽ?

☐ በምስጢር ለመጠቀም ቀላል ስለሆነ ☐ ለማገኘት ቀላል ስለሆነ

☐ በነፃ ስለማገኝ ☐ ስለ ዘዴው የተሻለ እውቀት ስላለኝ

31. ለመጨረሻ ጊዜ ግብረስጋ ግንኙነት ስትፈፅሚ የእርግዝና መከላከያ ዘዴን የተጠቀምሽው ለምን አላማ ነበር?

☐ ያልተፈለገ እርግዝናን ለመከላከል

☐ በግብረስጋ ግንኙነት የሚተላለፉ በሽታዎችን ለመከላከል

☐ ለመድሐኒትነት

☐ ሌላ ካለ ይገለፅ _____

32. አንቺ ወይም የአንቺ ጓደኛ ለመጀመሪያ ጊዜ ፆታዊ ግንኙነት ከፈፀማችሁበት ጊዜ ጀምሮ ለምን ያህል ጊዜ የእርግዝና መቆጣጠሪያ ዘዴዎችን ተጠቅማችሁ ነበር?

☐ ሁልጊዜ ☐ አንድ አንድ ጊዜ ☐ በፍፁም

33. ለጥያቄ ቁጥር 20 መልስሽ አዎ ከሆነ እና ለጥያቄ ቁጥር 24 መልስሽ የለም ከሆነ የእርግዝና መከላከያ ዘዴዎችን ለምን አትጠቀሚም?

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34. ለወደፊቱ የእርግዝና መከላከያ ዘዴን ለመጠቀም ዕቅድ አለሽን? ☐ አዎ ☐ የለም