ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF PUBLIC HEALTH

PREVALENCE OF CONTRACEPTIVE UTILIZATION AND ASSOCIATED FACTORS AMONG UNMARRIED FEMALE ADOLESCENTS AGED 15-19 YEARS IN BUTAJIRA, ETHIOPIA

INVESTIGATOR: MELETE BIZUWORK TEFERY

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LIST OF ABBREVIATIONS AND ACRONYMS

AAU	Addis Ababa University
AIDS	Acquired Immune-Deficiency Syndrome
AOR	Adjusted Odds Ratio
AYRH	Adolescent and Youth Reproductive Health
BHDSS	Butajira Health and Demographic Surveillance Site
BRHP	Butajira Rural Health Programme
BSc	Bachelor of Science
CI	Confidence Interval
CSA	Central Statistical Agency
COR	Crudes Odds Ratio
CPR	Contraceptive Prevalence Rate
EDHS	Ethiopian Demographic Health Survey
FP	Family planning
GC	Gregorian calendar
HHS	House hold(s)
HIV	Human Immunodeficiency Virus
IDI	In-depth interview
IUCD	Intra uterine contraceptive device
NGO	Non-governmental organization
PCA	Principal Component Analysis
RH	Reproductive Health
SD	Standard Deviation
SNNPR	Southern Nations, Nationalities and Peoples' Region
SRH	Sexual and Reproductive Health
SRS	Simple Random Sampling
SSA	Sub-Saharan Africa
STI	Sexually Transmitted Infection
UNFPA	United Nations Fund for Population
VIF	Variance Inflation Factor
WHO	World Health Organization

ABSTRACT

Background: Globally adolescents are facing a range of sexual and reproductive health problems like unwanted pregnancy, unsafe abortion, STI including HIV. In addition, uptake of reproductive health services among adolescents remains low. Several factors are implicated for poor uptake of contraceptive methods among adolescent girls. However, adolescents' mother knowledge and attitude towards contraceptive methods on adolescent contraceptive utilization has not been adequately studied.

Objective: To assess the prevalence of contraceptive use and associated factors among unmarried female adolescents.

METHODS: A community based cross-sectional design with both quantitative and qualitative methods was conducted in Butajira South Central Ethiopia with a sample size of 491 unmarried female adolescent and their mothers. A multi stage sampling technique was used. Interviewer administered pre-tested structured questionnaire and interviewer topic guide was used to collect data for quantitative and qualitative respectively. The data was entered into Epidata and exported to STATA for analysis. The quantitative data analysis includes descriptive, bivariate and multivariate logistic regression analysis. Content analysis was use to analyze the qualitative data.

Result: A total of 491 unmarried female adolescent & their mothers were approached of which 450 gave consent to participate in the study giving a response rate of 90.4%. The prevalence of contraceptive use among sexually active adolescent was 43(15.2%). A unit increase in adolescents' mothers knowledge score on contraceptive methods is associated with an increase in the odds of ever use of contraceptives among adolescent by 1.32 [AOR=1.32: (95%CI: 1.12-1.46)]. Furthermore ever use of contraceptive was found to be significantly associated with adolescents age [AOR=3.8 (95% CI: 1.33, 10.8)] and adolescents knowledge on contraceptive [AOR=1.23 (95%CI: 1.12-1.47)]. Our qualitative findings showed that majority of adolescents' mother do not advise use of contraceptives by their adolescent girls.

Conclusion and Recommendation: Prevalence of contraceptive utilization among unmarried sexually active adolescent in BHDSS was low and maternal knowledge of modern contraceptive was found to be significantly associated with adolescent's contraceptive use. Therefore Policy makers and programmers should strengthen different programs to improve contraceptive utilizationamongadoelscents.

1. INTRODUCTION

1.1 Background

World Health Organization defines adolescents as those cohorts in the age group of 10-19 (1). Globally there are around 1.2 billion adolescents which make up 16% of the world population(2). The majority (86%) of adolescents live in developing countries(2). Several countries in Sub-Saharan Africa (SSA) as well as Ethiopia have large and increasing adolescent populations that exceed those from other parts of the world(3, 4). Adolescents in Ethiopia were estimated to be 26.2 % of the total population (5).

Adolescence is a period of transition encompassing profound physical, psychological, emotional and social changes. This period is when young people initiate sexual activity and become most vulnerable to a range of reproductive health problems such as too-early pregnancy and childbearing, unsafe abortion and sexually transmitted infections (STIs) including HIV (6-8).

Globally every year more than 11 percent of all births or an estimated of 16 million births occur among young women aged 15-19 years (9). Majority (95%) of these births occurring in low and middle income countries (9, 10). There were 21 million pregnancies among adolescent girls aged 15–19 years in developing countries in 2016(11). Nearly half (49%)of the pregnancies were unintended (11). Every year within this age category over three million adolescents undergo unsafe abortions, making pregnancy and childbirth the leading cause of death for teenage girls(9).

In addition babies born to adolescent mothers are at a higher risk of dying compared to those born to older mothers(12). Furthermore, adolescents have a huge burden of STIs including HIV; approximately 1 in 20 sexually active adolescents contract an STI every year(13).

Parents/guardians and other relatives are well positioned to help adolescents adopt safe and pleasurable sexual behavior, both by providing accurate information about sex and by fostering responsible sexual decision making skills(14). This is because adolescents' behavior is deeply affected by the family environment they live in and guardians are fundamental influencers and sources of information for their kids with respect to sexuality(15). On the flip side, poor

parenting contributes to absence of skill on sexual decision making. The importance of parental involvement is often underscored in risk-reduction efforts targeted towards adolescents since parents are in regular contact with their children and therefore, presumably in a good position to shape and influence adolescents behaviors(16, 17)

Recognizing the importance of adolescent sexual and reproductive health issues the Federal Ministry of Health (FMOH) of Ethiopia developed a national adolescent and youth health strategy 2016-2020 which is aligned with the global Women's, Children's and Adolescents' Health strategy (2016-2030). The strategy outlines that there will be an organized effort to improve adolescents' access to information and contraceptive methods through strengthening adolescent and youth friendly clinic services and introducing the school health program initiative(18).

1.2 Statement of the problem

Family planning service is one of the sexual and reproductive health services that are important to improve the reproductive health outcome among adolescents. Evidences on effect of proper use of family planning method in reducing maternal and child deaths resulting from complications of unintended pregnancy including unsafe abortion and STI/HIV are well documented(19, 20).

According to 2016 EDHS report of the 15-19 years old sexually active adolescents roughly 57.5% (N=50) reported using any modern contraceptives methods (21). Another study reported that less than one in three (17.6%) sexually active adolescents ever used contraceptive (22).Studies conducted among adolescents revealed that vast majority (93-98 %) of adolescents has knowledge of at least one method of contraceptives(23, 24).

Despite the high knowledge utilization of contraceptive service among adolescent's girls is very low(18). The current contraceptive prevalence rate of 9% and unmet need of 30% among teenage girls age 15-19 are among the lowest in sub-Saharan Africa as a result unintended pregnancy is still a problem(18).

Large proportion of pregnancies among adolescents is unintended; majority of which results from failure to use contraceptive by adolescents (18). Institution based study in Ethiopia showed that the incidence of unintended pregnancy and unsafe abortion among adolescents remains high(25).

A study in Ethiopia also showed that more than one in three births to women aged 15–19 were unintended(26). Institution based abortion survey in Ethiopia showed that 92%, 91.4% and 85.3% pregnancy were unwanted with 77.7% and 5.9% of pregnancies were ended with induced abortions (27-29)

Unintended pregnancy emanating from early initiation of sexual intercourse is the major reason for undesirable health and socioeconomic consequences mainly for induced/unsafe abortion & its complications, maternal morbidity and mortality and it's also a major medical and public health problem(18).

Previous studies documented that individual, demographic, socioeconomic, socio-cultural reproductive and sexual health services factors have association with low uptake of contraceptive methods by adolescents(26, 30). However influence of adolescents' mothers knowledge and attitude towards contraceptive methods on adolescent's contraceptive utilization has not been examined.

1.3 Rationale and significance of the study

In general existing researches focus on contraceptive service utilization and associated factors among adolescents. Despite vast importance there is paucity of research data on the association between adolescents' mothers knowledge towards contraceptive methods with contraceptive use by adolescent's girls. Hence this study aims to determine prevalence of contraceptive utilization and identify associated factors associated with contraceptive utilization among unmarried female adolescents.

Ethiopia is implementing Adolescent and Youth Reproductive Health (AYRH) programs as a priority health agenda to reduce unwanted pregnancy among adolescent girls, maternal and child morbidity and mortality(18). To achieve the goals of the Adolescent and Youth Reproductive Health programs, identifying modifiable hindering factors affecting use contraceptive among adolescent girls is imperative.

Therefore, the finding of this study could be important for policy maker, health programmers, health professional, future researchers and recommended stakeholders to design appropriate reproductive health programs by engaging parents/guardians, family member's and communities in order to enhance knowledge and information about reproductive health of adolescents, empower adolescents in making healthy choices and to have family dialogue on reproductive health issues.

2 LITERATURE REVIEW

2.1 Overview of contraception and adolescent's sexuality

According to World Health Organization reproductive health implies that people are able to have responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so(31). Implicit in this are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant(31).

Worldwide adolescents are becoming sexually active at their early age as a result approximately 16 million adolescents give birth annually, this make up about 11% of all births(32). Majority (95%) of the births occur in low and middle income countries(32). In United States, 42% and 11% of those in Latin America and the Caribbean female adolescents aged 15–19 years have had sexual intercourse (33). In fact, about half of all sexually active adolescent women in these two regions who want to prevent pregnancy are unmarried(34).

2.2 Burden of adolescent's unplanned pregnancies

Unintended pregnancies comprise more than half of pregnancies among adolescents(35). In Latin America and the Caribbean, about 20% and in many parts of sub-Saharan Africa more than 40 % of pregnancies among teenage girls 15-19 years were unintended(35).

There is little and varied data on abortion among adolescents. The annual rate of unsafe abortions is estimated at 16 per 1000 adolescent girls aged 15-19(35). This rate is higher in Africa, Latin America and the Caribbean than in Asia. Reasons adolescents may seek unsafe abortion include barriers to accessing safe services, a desire for greater confidentiality, and lower cost(35).

An institution based study conducted in Adama, Wachemo and Wollaita Soddo University to assess magnitude and risk factors of abortion among regular female students revealed that, 32.5%, 12.5% and 7.7% of the students had an experience of pregnancy at least once. Of this 92%, 91.4% and 85.3% pregnancy were unwanted with 77.7% and 5.9% of pregnancies were ended with induced abortions (27-29).

Girls who give birth during adolescence have a greater risk of death than women who have children in their early 20s (36). Babies born from adolescent mothers tend to have lower birth weight, more health complications, and greater risk of neonatal death(37).In East Africa, one in five maternal deaths is due to unsafe abortion(36). A large proportion of these unsafe abortion are due to unplanned pregnancies(36).

2.3 Prevalence of contraceptive use by adolescents

The prevalence of contraceptive use has increased worldwide due to the development and introduction of modern contraceptives and the establishment of organized family planning programs(38).There are marked differences between countries concerning contraceptive prevalence and its choices(39).

Contraceptive prevalence rate among adolescents is highest in Latin America and the Caribbean 51% and far lower in West and Central Africa which is 7%(40).The overall contraceptive prevalence rate (CPR) among female adolescents aged 15-19 in the developing world is about 21% for all methods. Contraceptive prevalence rate among unmarried sexually active adolescents ranges from 21% to 64% and for the married, from 6% to 67% (41).

Different studies conducted among adolescents in resource poor settings including Sub-Saharan Africa (SSA) have showed that the prevalence of modern contraceptive use among sexually active adolescents ranged from 40.2-55.2% (42, 43). About 22.9 and 44.1% used contraceptives consistently and sometimes respectively. Some of the methods used were condoms and oral pill(42).

A cross sectional study conducted in Goba, Anchara, and Assela revealed that out of sexually active adolescents girls 150(71.4%), 42(39.3%) and 41(61%) have ever used contraception.(23, 26, 30).Majority of adolescents used condoms 78 (54.2%) and pills 32 (22.2%)(23, 43). As of EDHS report the current use of contraception among adolescents women's has increased from 5.3 percent in 2011 to 7.5 percent in 2016(21). Among sexually active unmarried adolescent women it has also increased from 52 percent in 2011 to 59 percent in 2016(21, 44).

2.4 Factors that affect adolescent's contraceptives utilization

Worldwide studies have been done in different countries to find out the factors that affect individual's use or non-use of contraceptives. According to different literatures an interaction of individual, societal, demographic, socioeconomic, socio-cultural and reproductive & sexual health services factors were mentioned to affect contraceptive utilization by adolescents(45).

2.4.1 Adolescent socio-demographic characteristics and contraceptive use

Contraceptive utilization was found to be high among older adolescents. As indicated by a community based cross-sectional studies conducted in Bahirdar and Ambo showed that contraceptive use was found to be (AOR = 2.31, CI 95% (1.01, 5.28)) and (AOR=2.75,95% CI (1.74, 4.34) times higher among older adolescents(46).

A study done in Zimbabwe on parental knowledge, attitudes and perceptions towards adolescent sexual reproductive health in Bulawayo in 2016 showed that living arrangements of children have an effect on their sexuality. Children living with single parent are more likely to be sexually active than those in two parent households (47).A study done in CotedIvoire found that female adolescents living in the same household as the father had a delayed sexual debut as compared to the male adolescents (48)**.**

A community based cross-sectional study conducted in Awabel District, Northwest Ethiopia in 2014 on level of sexual and reproductive health service utilization and its associated factors among adolescents showed that those who were living with mothers were 2.70 more likely to utilize the SRH service. While those who lived with fathers were 51% less likely to utilize SRH service when compared to their counterparts (AOR=2.70 95%CI: 1.26, 5.78), and (AOR=0.49 95%CI: 0.30, 0.81) respectively. Those respondents who had attained primary level of education were 74% less likely to utilize reproductive health services than their counterparts (AOR=0.26 95% C.I:0.12, 0.53)(49).

2.4.2 Knowledge of adolescents on contraceptives and contraceptive use

Knowledge of contraceptive methods among adolescents in most countries of Latin American, the Caribbean, Asia, Near east and North Africa, Exceed 90%(50). Knowledge and use of contraceptive among adolescents showed very wide variation among regions of SSA than other

regions of the world. Studies conducted in different regions of SSA countries among adolescent aged 15-19 revealed that (85%) Ghanaian, (67.4%) Tanzania and (87.7%) Nigerian adolescents know at least one modern contraception methods (51-53).

A community based cross sectional study conducted in Assela to assess the level of awareness, attitude and utilization of family planning services among female adolescent students showed that 97.3% heard about at least one form of contraceptives(30). Injectables 182 (63.3%) & oral pills 178 (60.8%) were the most commonly known methods(30). Regarding the benefit of family planning, majority (75.6%) of the respondents reported for the prevention of unplanned pregnancy, 152 (51.8%) for birth spacing and the rest 65 (22.6%) for prevention STI/ HIV(30).

An institution based studies conducted on knowledge, attitude and practice of emergency contraceptives among university female students in Addis Ababa &Adama showed that among those who were aware of emergency contraception, 237(64.4%) and 59(19.1%) of them have the correct knowledge of when to use it respectively(29, 54).

Studies indicated that variables related with knowledge of RH services are associated with ever utilization of health services for reproductive health by adolescents. Cross-sectional studies conducted in Hadiya zone ,Jimma and Harar town showed that adolescents with knowledge about family planning services was found to be [AOR=1.68 (95% C.I:1.06-2.65)] , (AOR =2.77, 95 %CI (1.93, 3.96))and (AOR=8.9, 95%CI :(2.3 26.6)) times higher to utilize family planning service than their counterparts(22, 55, 56).

Lack of adequate knowledge and awareness of contraceptives methods has been found to be common among female youth seeking for abortion(57). Contraceptive use has been found to be associated with having previously been pregnant, meaning it is only after a pregnancy that adolescents are educated about and subsequently offered contraceptives services(58).

2.4.3 Attitude of adolescents on contraceptives and contraceptive use

An institution based cross sectional study conducted on knowledge, attitude and practice of emergency contraceptives among Adama university female students revealed that positive attitude towards EC was significantly higher among the respondents who had ever used regular contraceptives than those who had no experience it (AOR= 2.98; 95%CI: 3.47, 5.76) (29).

2.4.4 Adolescent peer communication and contraceptive use

Similarly, studies done in Nekemte, Boditi and Debremarkos town on adolescents' communication on sexual and reproductive health matters with parents and associated factors showed that 292(70%), 195(44.4%) and 131(19%) communicated or discussed about contraceptives with their friends/peers. (59-61)

2.4.5 Adolescent Parent communication and adolescent contraceptives use

A qualitative study done in Pennsylvania among black parents and adolescents on family discussions about contraception showed that parents considered contraceptives as one of the most important sexual health topics for families to discuss(62). Contraception was usually the first topic parents particularly mothers cited when asked to list the sexual health topics they had discussed with their children. When asked to describe the content of these conversations, many parents reported discussing the importance of "avoiding the consequences" of sexual activity without explicitly talking about contraception(62).

An institution based study conducted in Debremarkos and Boditi town on factors associated with adolescent–parent communication regarding reproductive health issues among high school and preparatory students showed that majority 610(88.7%) and 597(80.7%) of adolescents accepted the importance of discussing RH issues with their parents respectively(59, 60). From those participants 439(59.3%) and 178(25.9%) of them held discussion with their parents on contraceptives methods respectively(59, 60)**.** The respondents estimated reasons for not discussing contraceptive with their parents were parent's lack of knowledge followed by parents lack of communication skills(60)**.**

Open discussion about sexual and reproductive health with parents was significantly associated with adolescents SRH service utilization. As indicated by cross sectional studies conducted in Awabel and Mecha district in North West Ethiopia on sexual and reproductive health service utilization and associated factors among youths, SRH service utilization were found to be (AOR=1.55 (95%CI: 1.07-2.60)) and (AOR=2.23 (95%CI: 1.43, 3.46:) times higher among those adolescents who had discussed about sexual and reproductive health issue with their parents (49, 63).

2.4.6 Parents knowledge about contraceptive and adolescent contraceptive use

A qualitative study done in Pennsylvania among black parents and adolescents on family discussions about contraception revealed that knowledge about the range of available methods, their risks and their side effects generally was lacking(62).Among parents who cited awareness of specific methods, most named only condoms and oral contraceptives. When probed, some parents said that they had heard of other methods, but did not know what these methods looked like or how to use them(62).

Contraceptive knowledge varied by gender. Mothers and daughters were generally aware of a wider range of birth control options than were fathers and sons. One father admitted, "It's just basically condoms with me because I don't really know of many devices for women." Another father said that the rapid pace at which female contraceptive options have grown has limited his ability to remain informed.(62)

Almost all the respondents, 263(99.6%) mentioned at least one modern contraceptive. The most commonly mentioned contraceptive was the male condom 244(25.9%) The least mentioned contraceptive was the IUCD 11(1.2%). Relating to benefit of contraceptive for adolescents more than half (78.8%) of adolescent mothers reported contraceptive have benefits for adolescents and (70.3%) of parents agreed strongly that it is a method used to prevent pregnancy(64).

2.4.7 Parental Attitudes toward contraceptive and adolescent contraceptive use.

Parents often disapprove of their adolescent having sex. 87% of mothers strongly disapprove of their daughters' having sex(65). Another study, of high-risk teenagers, found 75% of mothers disapproving of sex(66). Just as adolescents are less likely than their mothers to recall previous conversations about sex; they perceive mothers to be less disapproving than they actually are. While 61% of grade eighth and ninth adolescents in one study perceived strong maternal disapproval of their having sex, 76% of mothers expressed such disapproval(67).A similar pattern has also been found among a sample of high-risk teenagers(68).

Only 21% of mothers recommended contraceptive methods to their minor daughters but lack of recommendations do not necessarily mean disapproval(65). At least one study found that a majority of parents do not object to their adolescent children's having access to contraception.

Almost two-thirds of Baltimore parents registering their children for services at middle and high school–based health clinics indicated that the clinics could, in the future, provide adolescents, and presumably their own children, with access to condoms and birth control(69).

Parents will not advice the use of contraceptives by the adolescents. There was the general belief that contraceptive (especially the pill) use will have adverse health effects on adolescents. Even though they knew contraception will protect the adolescents against pregnancy, the fear of side effects will not allow them to encourage the adolescents to use them especially the females. There was the fear that the use of the pill over a long period will lead to infertility as indicated below: "The more she uses it, it will give her problems. What I know, I don't know whether it is true or not, if you use those pills for long it will affect your birth. The doctor will have to wash your womb or does something before the women become pregnant so I'll advise them not to use it"(70).

2.4.8 Parental socio-demographic characteristics and adolescents contraceptive use

There was a statistically significant association between parent education and ever use of contraceptive. On the same line, adolescents who have mother with secondary and above education ever used contraceptive than those whose mother have no and informal education. Similarly adolescents who have father with above secondary education ever used contraceptive than those whose father have no and informal education. (8)

A study conducted in China on parents' knowledge, attitudes, and practices about sexuality education for adolescents in the family revealed that parent gender was a significant predictor of sexuality education practices. Mothers talked more with children about sexuality than did fathers(71).

With regards to parent's occupation, studies indicated that being employed was significantly associated with adolescent contraceptive use. Those adolescents who had employed mothers were [AOR=1.74 (95%CI: 1.07-2.85)] more likely to use SRH service than those adolescents whose mother were not employed(63).

2.5 Conceptual framework

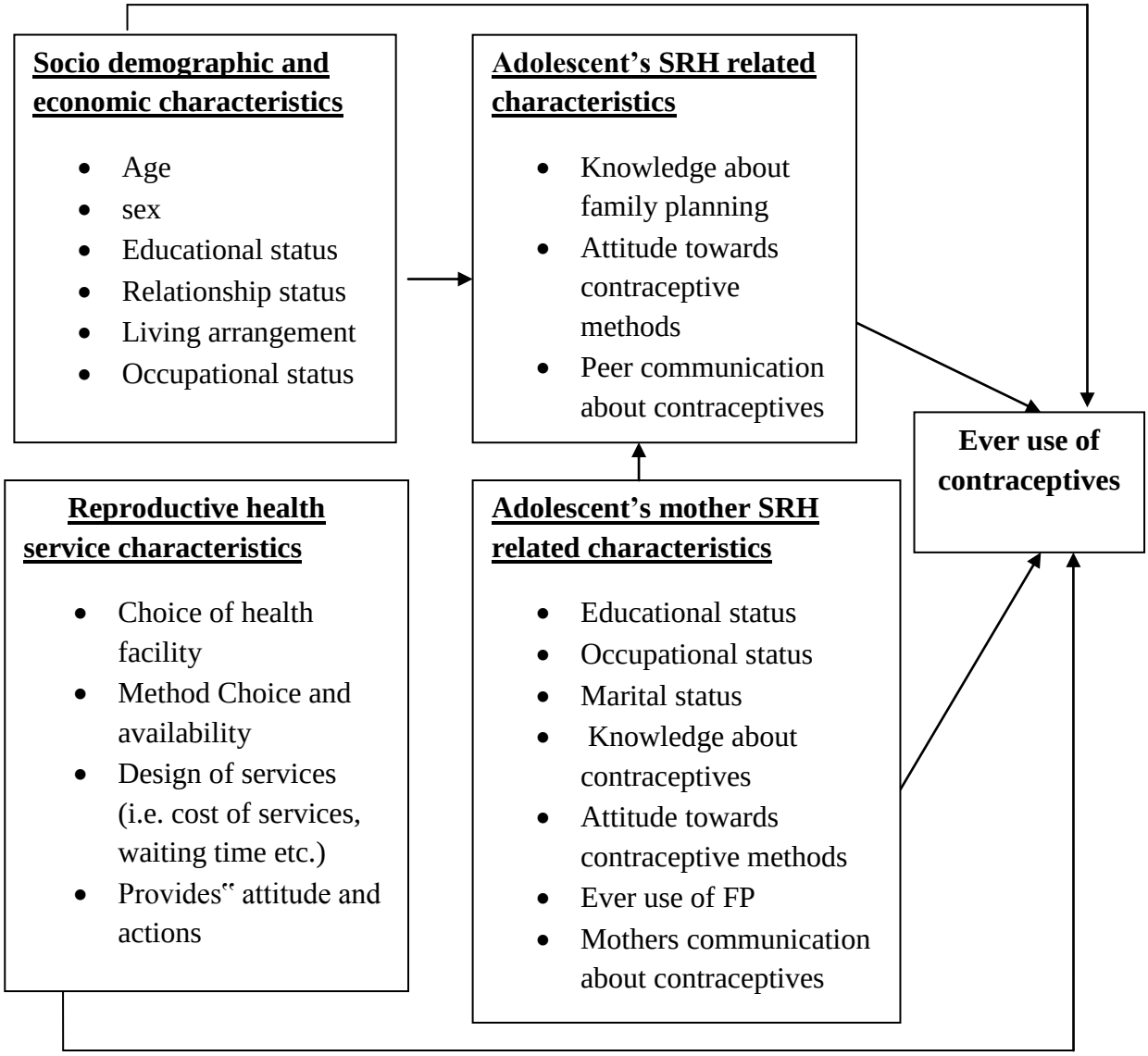

Figure1: Conceptual Framework of factors affecting contraceptive use by adolescents adopted from previous studies and modified after reviewing different literatures.

2.6Research Questions

The study has attempted to answer the following research questions:

1. What is the prevalence of contraceptive utilization by unmarried female adolescents?
2. What are the factors associated with contraceptive utilization among unmarried female adolescents?

3 OBJECTIVES

3.1General Objective

To assess the prevalence of contraceptive use and associated factors among unmarried female adolescents in Butajira, South Central Ethiopia, March 10 – April 30, 2019 G.C.

3.2Specific Objectives

1. To assess the prevalence of contraceptive use among unmarried female adolescents.
2. To identify factors associated with contraceptive utilization among unmarried female adolescents.
3. To explore maternal attitude towards use of contraceptives by their unmarried female Adolescents.

4. METHODS AND MATERIALS

4.1Study area and period

The study was conducted in Butajira, South Central Ethiopia where the Butajira Health and Demographic Surveillance Site (BHDSS) is located. The BHDSS was initiated in mid 1986 with a complete census of the ten sampled kebeles (kebele is the smallest administrative unit in Ethiopia) in the District of Meskan and Mareko. Soon after, by January 1987, a DSS with continuous registration of vital events was initiated. The surveillance system was updated by monthly registration of vital and migratory events. Each individual in the database was accessed using individual identifiers. The data were collected quarterly by trained interviewers living in the respective villages. The major aims were to develop and evaluate a system for continuous registration of births and deaths, to generate valid data on fertility and mortality and to provide a study-base for essential health research and intervention in the area(72).

The study was conducted in BHDSS which is found in Meskan and Mareko districts of Gurage Zone, SNNP region, South Central Ethiopia. BHDSS is located 130 km South of Addis Ababa which is the capital city of Ethiopia with an altitude of 1500m - 3500m above sea level. It is a Health Demographic Surveillance System (HDSS) Site for Addis Ababa University. Based on the 2007 Census conducted by the central statistics agency (CSA), this town has a total population of 33,406 According to 2019 data base report there are 6,747 adolescents in the age group of 15-19 living in the study area.

There are ten Kebeles under the HDSS. Nine of the ten Kebeles are rural and one is located in Butajira town. The district has two hospitals, two health centers, 12 private clinics, one non-governmental organization (NGO) clinic, ten health posts, two pharmacies, one rural drug-seller and one rural drug store. Of these, one hospital, one health center, four private clinics, and all of the pharmacies were in the administrative town of Butajira(73). Data was collected from March 10 – April 30, 2019 G.C.

4.2 Study design

Quantitative study

Community based cross sectional study design was employed.

Qualitative study

Descriptive qualitative study design was used to explore adolescents' mother attitude towards the use of contraceptives by adolescents.

4.3 Populations

4.3.1Source population

Quantitative study

All female adolescents and their mothers residing in Butajira research site catchment kebeles.

4.3.2Study population

Quantitative Study

Those selected unmarried female adolescents and their mothers from each household in the study period.

Qualitative study

The study population was adolescents and their mothers.

4.4 Eligibility criteria

4.4.1 Inclusion criteria: unmarried adolescent's girls and their mothers who are Resident of the city at least for the last 6 month were included.

4.4.2 Exclusion criteria: those unmarried female adolescents who live alone, those who are ill and can't communicate (deaf, dumb) at time of data collection was excluded.

4.5 Sample size determination

4.5.1 Sample size for quantitative research

The sample size required for quantitative study was calculated using Epi info 7 stat calc and 95% confidence level using single population proportion formula

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

With the assumptions of:-

P=39 % proportion of contraceptive service utilization by unmarried adolescent girls (23)

d = 0.05; the probability of detecting minimum of 5% difference committed by chance.

10 % non response rate

Because the study involves multi stage sampling, and to account for that we considered a design effect (DE) = 1.5

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

Accordingly, n = ((1.96)2 x 0.39 x 0.61)/(0.05)2 X DE

=365 X 1.5

= 548

Since the total unmarried female adolescents are below 10,000 population correction formula was used and the final sample size becomes 491.

4.5.2 Sample size for Qualitative study: The sample size was determined by saturation of ideas from participants.

4.6 Sampling procedures

4.6.1Quantitative study

Multi stage sampling techniques was used to recruit study participant from ten kebeles. First all kebeles (kebeles are the smallest administrative unit) was stratified by place of residence into urban and rural setting. Second from the ten kebeles one urban and four rural kebele were selected by simple random sampling technique. A list of households from the selected five kebeles that included unmarried female adolescents was taken as the sample frame. Then by

taking the total number of unmarried female adolescents as a denominator the total sample was proportionally allocated to each selected urban and rural kebeles. (**Sampling fraction S. fN= n/N= 491/1728 =0.2841**). Finally households fulfilling the inclusion criteria were included from each urban and rural kebeles by Simple Random Sampling (SRS) technique using lottery method. When more than one unmarried female adolescents found in a house hold one participant was selected randomly.

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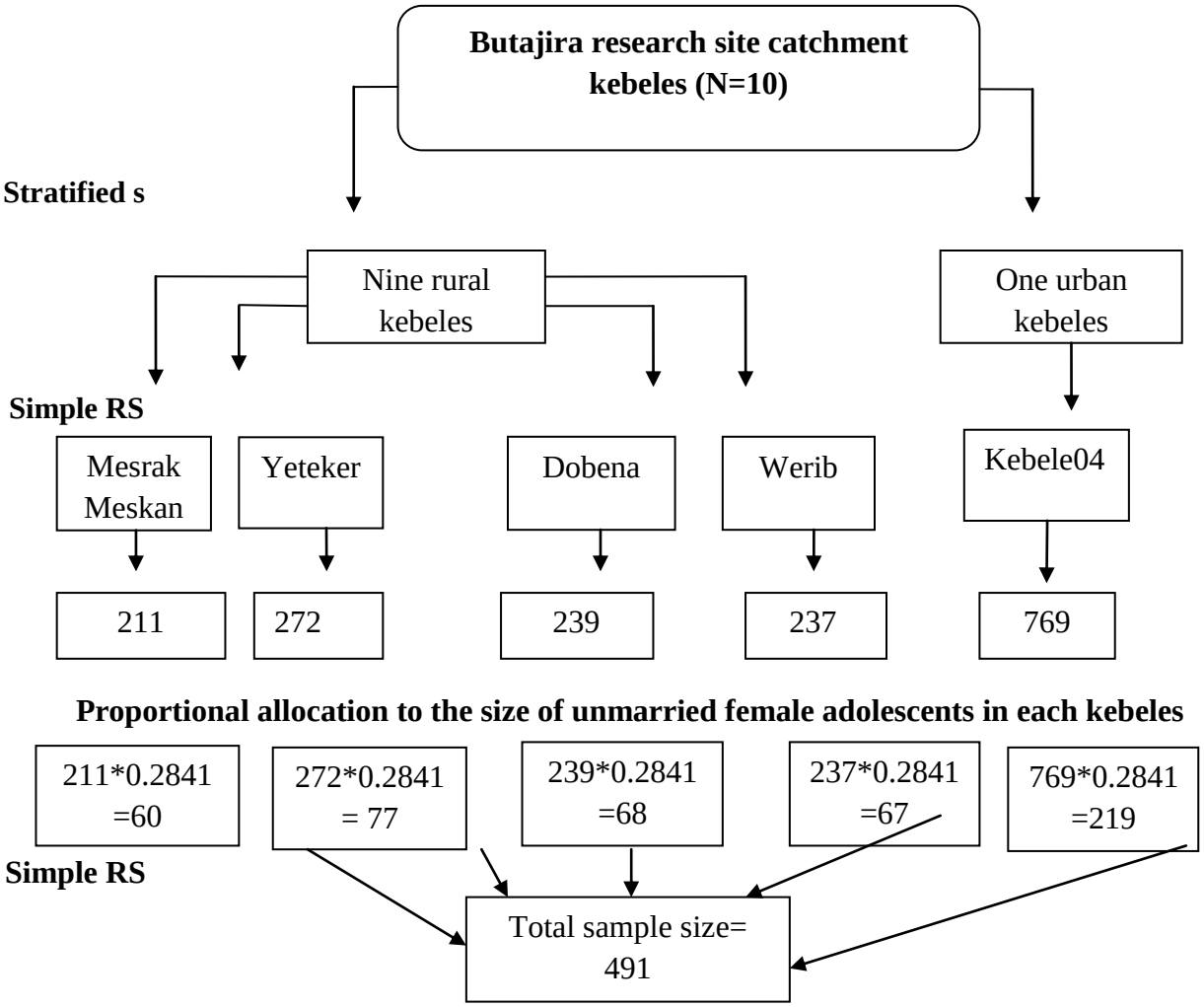

Figure 2: Schematic presentation of sampling procedure Butajira, Ethiopia 2019 G.C

4.6.2 Qualitative study

From the ten Kebeles of Butajira HDSS site, five kebeles similar to the quantitative section was selected. Then, in-depth interview (IDI) participants who fulfill the inclusion criteria was selected and interviewed.

4.7 Study variables

4.7.1 Dependent variable

The outcome variable of this study was ever use of contraceptives. The survey questionnaire included the self-reported contraceptive use of the respondents any time before the survey.

4.7.2 Independent variables

Socio demographic and economic characteristics

A Socio-demographic characteristic such as age, relationship status, marital status, religion, educational status, occupational status and living arrangement was included.

Adolescent's SRH related characteristics

Sexual activity: - was measured by assessing whether they had sex or not. During data cleaning adolescents who responded no to the question which assess previous sexual activity but still reported reason for not using contraceptive during their sexual contact were considered as sexually active.

Adolescent knowledge about contraceptive: - was measured in the same way as of adolescent's mother knowledge.

Attitude towards contraceptive methods: - was measured by assessing their opinion towards contraceptive methods. Likert scale ranging from 1(strongly disagree) to 5(strongly agree) were used to measure agreement of participants to questions assessing attitudes. Mean score for each of the constructs was computed and dichotomized into positive and negative. Respondents who scored at the mean level and above were labeled as having positive attitude and those who scored below the mean were labeled as having negative attitude.

Adolescent communication with their mothers about contraceptive was measured by assessing whether they discussed about contraceptive methods or not any time before the survey.

Adolescents' mothers SRH related characteristics

Adolescents' mother knowledge about contraceptive was measured by 27 items addressing: (1) maternal knowledge on contraceptives method mix (nine items), (2) source of the method mix (nine items), (3) benefits of the methods (four items) and additionally knowledge on how to use the methods (five items). Items were taken from EDHS and previous studies. Knowledge score was calculated by adding correct answers to the 27 items. Each participant received a total score of 0-27 based the correct answer on the 27 items scale. Knowledge score was considered as a continuous variable and expressed using mean and standard deviation

Health facility related characteristics :_was measured by assessing choice of health facility for getting contraceptive service, contraceptive method choice and availability, design of services (i.e. cost of services, waiting time etc.) And Provides‟ attitude and actions

4.8 Data collection tools and procedure

4.8.1Quantitative data

Information about study variables was collected through face to face interview using structured questionnaires. The Ethiopian demographic and health survey (EDHS) questionnaire were adapted to measure socio demographic & economic status, sexual reproductive health characteristics and knowledge about contraceptive methods. Since the study participants were Amharic speakers, the adapted English version questionnaire was translated in to Amharic.

4.8.2Qualitative data

An in-depth interview guide was prepared and used to obtain information on opinions, outlooks and values of parents towards the utilization of contraceptive by unmarried adolescent girls. An open-ended question was used to guide the interview. The interview was conducted in the local language Amharic. To maintain the confidentiality of study participants the interview was held in separate room alone. Tape recorded as well as hand notes were taken both by the principal investigator and supervisors during in-depth interview. Data collection continued till information

gathered became saturated. During the in-depth interview participants were informed about the purpose and process of the in-depth interview to obtain informed consent of each participant

4.9 Data quality management

To establish data quality, a standard questionnaire was used by adapting tools from EDHS. Data was collected by six Bachelor of Science (BSc) nurses and supervision of the data collection process was managed by two experienced supervisors with health and social science background. Both the data collectors and the supervisors had previous experience in data collection and supervision of a research project. To minimize bias during data collection, two days brief training was given to data collectors and supervisors; on the aim of the study, study participants, exclusion and inclusion criteria's, each part of the questionnaires, variables, how to fill the questionnaires and on maintaining confidentiality and privacy of the study subjects .

Before the actual data collection started the questionnaire was pre-tested on 5% (25 participants) of the sample in similar setting that was randomly selected kebeles, outside of the study area to check the clarity, consistency, skipping pattern and order of the questions. After the pretest the questionnaire was modified accordingly. The data obtained from pretest was not included in the final analysis. Every day after data collection, questionnaires were reviewed and checked for completeness, accuracy and clarity by the principal investigator and supervisors. Finally data were stored at the principal investigator home for confidentiality and in time of need for a backup of the data.

4.10Data processing and analysis

4.10.1Quantitative data

After data collection data was checked for completeness, coded and entered in the computer using EPI data version 4.4.2.1 software. Then the data were exported to STATA version 13 programs for analysis. Before analysis data cleaning was done by running the frequency for each variable and cross tabulating them with the main outcome variable to check errors that may have occurred in coding, or data entry. Missing values that occurs during data collection was checked before initiation of further analysis. Missing values were checked against hard copies of the collected data to correct it accordingly. Descriptive statistics was used to explore the data in

relation to relevant variables. Tables and figures were used to present the frequency distribution and percentage for the dependent and independent variables.

Furthermore logistic regression was done to determine the association between the dependent with independent variable. First, Bivariate analysis was done and those variables with a p value of <0.05 were entered in the multivariable logistic regression model. All statistical analysis was set at 5% level of significance (i.e. $p < 0.05$). The results were reported using Odds Ratio and 95% CI. Continuous variables were expressed as mean, standard deviation and appropriate tables and graphs were used to present findings. Multicollinearity between independent variables was checked using variance inflation factor.

Household's wealth index was determined using Principal Component Analysis (PCA) by considering the household assets, including ownership of house and housing condition and ownership of various durable goods (Electricity, Television, Radio/tape, Computer, fixed telephone, electric mitad, Table, Chair, bed with cotton/sponges, spring mattress and kerosene lamp). First, variables were coded as 0 and 1, then principal component analysis was used to generate wealth index from fixed assets. Finally, a relative socio-economic status was constructed by dividing the resulting scores into five quintiles to give poorest, poor, medium, rich and richest status.

4.10.2 Qualitative data

In-depth interviews were audio-recorded, transcribed, and texts were read several times and translated into English. Translated texts were saved as plane text and exported to open code for analysis and then code and category was given for each text accordingly. Finally the findings were presented in narrations.

4.11 Operational Definition and definition of terms

Ever use of contraceptives:-use of any method of contraceptive at least once anytime before the survey(74).

Negative attitude: Respondents who scored less than mean of the attitude score toward contraceptive method(74).

Positive attitude: Respondents who scored above the mean of the attitude score toward contraceptive methods(74).

Sexually active: having a history of penetrative vaginal sexual intercourse before time of interview(75).

4.12Ethical Considerations

Ethical clearance was obtained from the research ethics committee of the School of Public Health, College of Health sciences, Addis Ababa University. Written Information sheet prepared in Amharic was provided to study participants. Before the commencement of the data collection the purpose of the study was described and informed consent was obtained from each study participant. For adolescents less than 18years ascent was taken from their parents to participate in the study. During data collection codes was given for each participant to maintain the confidentiality of information received. Participants were informed that participation is fully voluntary and they can terminate the participation at any stage of the interview if they do not want to continue.

5. RESULTS

A total of 491 unmarried female adolescent (15-19) and their mothers was approached of which 450 consented and interviewed yielding a response rate of 90.4%.

5.1 Socio-Demographic Characteristics of participants

5.1.1 Adolescents girls

The mean age of the adolescent was 16.42 (±1.318 SD). Most adolescents were single 342(76%) and attended primary school 306(68%). With respect to living arrangement about 357(79.3%) of adolescents reported that they live with both parents.

5.1.2 Adolescents' mothers

With regards to their socio-demographic characteristics 314 (69.8%) of mothers have no formal education, 368(81.8%) were Muslims, and 397(88.2%) married at the time of the interview. On the other hand, slightly more than half 261(58%) of the adolescents' mothers were housewife.

Table 1: Socio- economic and demographic characteristics of unmarried female adolescents and their mothers in Butajira, Ethiopia 2019 G.C (N =450)

Variables	Frequency	Percent
Age		
15-16	263	58.4
17-19	187	41.6
Mean age &SD	16.42(±1.318)	
Religion		
Orthodox	74	16.4
Protestant	8	1.8
Muslim	368	81.8
Relationship status		
Single/has no partner	342	76
Has a boy friend	108	24
Marital status		
Married	397	88.2
Widowed	40	8.9
Divorced	13	2.9

Adolescent occupation		
Student	372	82.7
Private employee	26	5.7
No occupation	52	11.6
Mothers occupation		
Daily labor	20	4.4
Merchant	158	35.1
House wife	261	58
Government employee	11	2.4
Adolescent educational status		
No formal education	7	1.6
Primary	306	68
Secondary	122	27
Higher	15	3.3
Mothers educational status		
No formal education	314	69.9
Primary	110	24.4
Secondary	22	4.9
Higher	4	0.89
Living arrangement		
With both	357	79.3
Only with mother	46	10.2
With relatives	47	10.4
Place of residence		
Urban	207	46
Rural	243	54
Wealth quintile		
Poorest	91	20.2
Poor	89	19.8
Middle	90	20.0
Rich	90	20.0
Richest	90	20.0

5.2 Participants knowledge on contraceptive methods

5.2.1 Adolescents girls

Among all adolescent girls 429 (95.3%) heard at least one method of contraception. The most known methods were Injectable 390(86.7%) and oral pills 387 (86%). The commonest source of information for contraceptive was school 311(72.5%) and the least source was family 45 (10.5%). Regarding the benefit of contraceptives, majority264 (61.5%) of the adolescent girls

reported contraceptive prevent unplanned pregnancy, followed by 236 (55%) who said they help to space birth and the rest 112 (26%) said they are useful to prevent STI/ HIV.

5.2.2 Adolescents' Mothers

Majority 417(92.7%) of mothers had heard of at least one form of contraceptive method. The most known methods were Injectable 400 (88.9%) followed by oral pills 367 (81.6%). The main sources of information on contraceptive were health care professionals 302(72.4%).

From the respondents who known oral contraceptive pills, 264 (71.9) reported OCPs are taken one pill daily at the same time and 313(78.2) reported Injectables prevent pregnancy for three months from the time of injection. Regarding the benefit of contraceptives for adolescents, majority 300(71.9%) of the mothers reported contraceptive have benefits for adolescents, 240(80%) said contraceptives prevent unplanned pregnancy, followed by 112(37.3%) who said they are useful to space birth and the rest 61 (20.3%) said they prevent STI/ HIV.

The mean contraceptive knowledge score calculated by adding total score study participants scored out of 27 maximum possible score they could score by answering the 27 knowledge assessment questions correctly and dividing it to the total number of study participants. The mean knowledge score for adolescents was 9.04 (SD±4.21) which is higher compared to their mothers mean knowledge score 7.95 (SD±4.53).

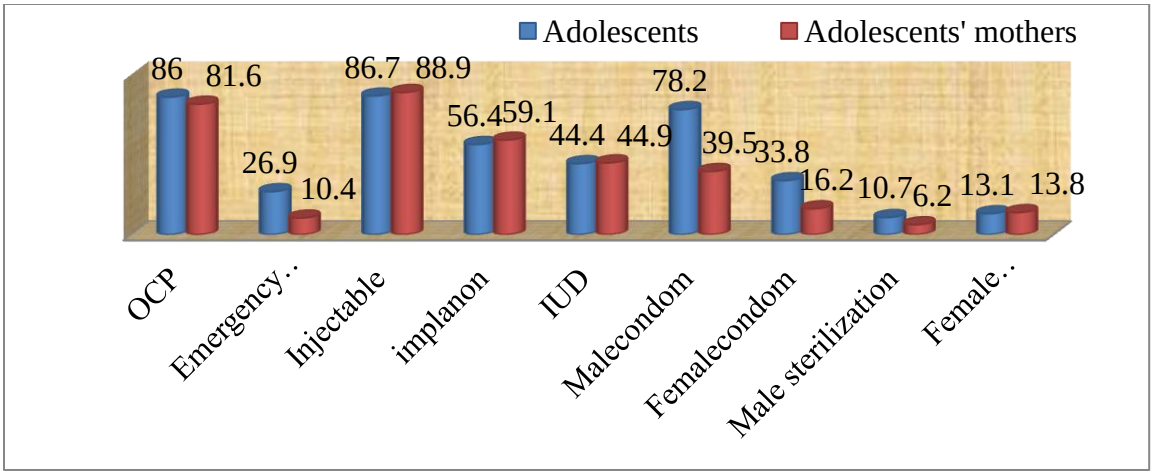

Figure 3: Awareness of adolescents' mother on contraceptive methods in Butajira, Ethiopia 2019 G.C

Table 2: knowledge of adolescents and their mothers on contraceptive methods in Butajira, Ethiopia 2019 G.C

Variable	Adolescents No. (%)	Mothers No. (%)
Heard about contraceptive methods	429(95.3)	417(92.7)
Place of getting contraceptives		
Public sector		
Government health center	295(72.6)	291(78)
Government hospital	267(65.8)	229(61.4)
Government health post	93(22.9)	89(23.8)
Government pharmacy	18(4.4)	28(7.5)
Private sector		
Private hospital	26(6.4)	15(4)
Private clinic	65(23.4)	57(15.3)
Private pharmacy	34(8.4)	18(4.8)
NGO	19(4.7)	7(1.8)
Don't know	23(4.7)	36(7.4)
Knowledge mean score* **		
Mean	9.04	7.95
Standard deviation	±4.21	±4.51
Minimum	0	0
Maximum	22	26

***continues variables

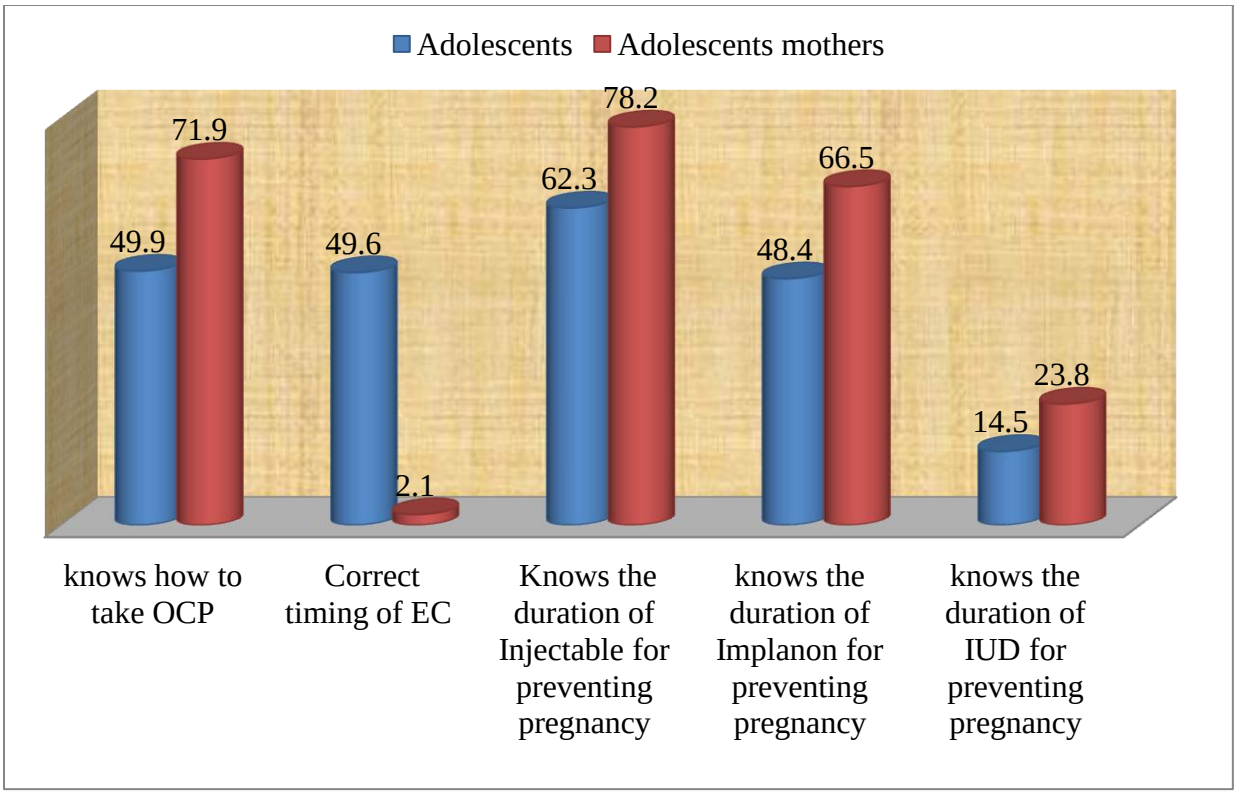

Figure 4: Awareness of adolescents and their mothers on the duration and timing of different contraceptive methods in Butajira, Ethiopia 2019 G.C

5.3 Attitude of adolescents girls on Contraceptive Methods

From the total adolescent girls, 308(68.4%) approve and 124(27.6%) didn't approve use of contraceptives by unmarried adolescent girls. Regarding the couple's responsibility to use contraceptives, 179(39.8%) of the respondents reported that it is the responsibility of both, while 269(59.8%) said it is the responsibility of female partner and 2 (0.4%) said it is male partner's responsibility. 360(80%) participants wants to know more about methods of preventing pregnancy. Over half of the respondents 257(57.1%) had positive attitude and 193 (42.9%) had negative attitude towards contraceptive methods.

5.4 Sexual history and contraceptive utilization of participants

5.4.1 Adolescent girls

Among the total adolescent girls who participated in this study, 282(62.7%) had ever practiced sex. The mean (±SD) age at first sex was 16.55(± 1.017) and the minimum age at first sex was 15 years. About 28 (59.6%) had sexual intercourse in the last one months preceding the survey.

Out of sexually active adolescents girls 43(15.3%) utilized contraceptive methods. Condom was the most commonly used method 36(83.7%). Most of the respondents 156(34.7%) discussed about contraceptive with their peer /friends, whereas 44(9.8%) discussed with their parents, of these 31(70.5%) discussed with their mothers. A little more than half of the adolescents intended to use in the future 255(56.7).

Table 3: Sexual Activity and contraceptive use among unmarried female adolescents in Butajira, Ethiopia 2019 G.C

Variable	Frequency	Percent
Had sexual intercourse (n=282)		
Yes	282	62.7
No	168	37.3
Ever use of contraceptive(n=282)		
Yes	43	15.2
No	239	84.8
Source they get contraceptive(n=42)		
Public sector	20	47.6
Private sector	22	52.3
Reason for using contraceptive (n=43)		
To prevent unwanted pregnancy	43	100
To Prevent sexually transmitted infections	9	20.9
Reasons for not using contraceptive(n=407)		
Wants to have a child	64	15.7
Not had sex before	211	51.8
Religious opposition	53	13.0
Fear of side effect	36	8.8
Emberecement to buy	16	3.9
Dont know any method	27	6.6

5.5 Multivariable logistic regressions analysis of independent predictor of contraceptive use by unmarried adolescent girls

Binary logistic regression showed adolescents related variables including age, educational status, attitude towards contraceptive methods, whether they discussed with friends, and their knowledge on contraceptive methods and adolescents' mothers related variables including educational status, ever use of family planning, and knowledge on contraceptive methods were found to have statistically significant association with ever use of contraceptive by adolescents.

Variables with P-value < 0.05 on the binary logistic regression analysis were entered to multivariate model and multivariable logistic regression was done. Age of the adolescents, adolescent girls' knowledge on contraceptive methods, and their mothers' knowledge on contraceptives methods were found to be statistically significantly associated with ever use of contraceptive by adolescents.

Older female adolescents were 3.8 times likely to use contraceptive compared to younger adolescent girls [AOR =3.8; 95% CI: 1.33-10.8]. A one-unit increase in score of adolescents' knowledge on contraceptives methods was associated with an increase by 1.23 [AOR=1.23: 95%CI=1.04-1.44] likelihood of ever use of contraceptives.

Similarly, a one-unit increase in score of adolescents' mothers knowledge on contraceptives methods was associated with a 1.32 [AOR=1.32: 95%CI=1.14-1.54] increased likelihood of ever use of contraceptives by adolescents.

Table 4: Multivariable logistic regression analysis of independent predictor of contraceptive use by unmarried adolescent girls in Butajira, Ethiopia 2019 G.C (n=282)

Variables		**Ever use of contraceptive**		**AOR(95%CI)**	P-value
		YES	**NO**		
		No (%)	**No (%)**		
Age	15-16	9 (5.6)	151(94.4)	1	
	17-19	34(27.9)	88(72.1)	3.8(1.33-10.8)*	0.0012
Adolescents knowledge score* **				1.23(1.04-1.44)*	0.0012
Adolescents' mothers knowledge score* **				1.32(1.14,1.54)*	0.000

*** Continues variable * Significant at P<0.05 1 reference category

5.6 Result of qualitative data

To complement the findings from quantitative data, IDIs were conducted with six unmarried adolescents and eight adolescent girls' mothers. Important findings were summarized, narrated and incorporated.

5.6.1Socio demographic characteristics of participants in the qualitative section

Majority of the participants for the qualitative study was mothers and unmarried adolescent girls in the age group of 15-19.

Table 5: Socio- demographic characteristics of unmarried female adolescents and their mothers in the qualitative section Butajira, Ethiopia 2019 G.C

	Adolescents's Mothers			Adolescents		
	Age	Marital status	Educational status	Age	Relationship	Educational status
Respondent1	30	Married	Primary	18	Single	technique
Respondent2	33	Married	Secondary	17	Single	Primary
Respondent3	30	Married	Primary	16	Single	primary
Respondent4	35	Married	Secondary	15	Single	primary
Respondent5	41	divorced	Illiterate	19	Single	technique
Respondent6	30	Married	Illiterate	17	Has a boyfriend	primary
Respondent7	26	Married	Primary	16	Single	secondary

Three predetermined themes were used to analyze the IDI data: communication between adolescents and their mothers on contraceptives, mothers' opinion and attitude towards use of contraceptives by adolescent girls.

5.6.2 Communication between parents and adolescents about contraceptives

Generally, it is uncommon for mothers to discuss about contraceptives and sexual health matters with their adolescent. Mothers feel that such discussion is premature and may encourage their adolescent girls to use the methods. They rather prefer to sanction their adolescent from generally engaging in sexual activity.

" it's not good to discuss about contraceptive with my daughter. I mean, it look like I'm pushing her to use it and also she is not married and marriage should be first before pregnancy and in my religion a girl can't be in a relationship without having "nika" (IDIPP1, Age 30)

I didn't tell to them about contraceptives because firstly I'm telling to them not to be involved in such kind of issue ,if you talk to them about contraceptive it seems like making them to use and other thing might happen but you will tell to them not to be involved in such kind of issues.(

IDIPP2,Age33)

In few mothers who discuss about sexual health and contraceptive the communication is characterized by warnings or threats. Mothers discuss on sexual matters with their daughters more often than fathers do. Commonly discussed SRH issues include menstruation, abstinence, unplanned pregnancy and HIV/AIDS. Discussions reflect the worries parents had about their children's sexual health. On the part of mothers, very few communicated about pregnancy prevention openly.

"I talk with my daughter about unwanted pregnancy, abortion and I also warn them that such kind of things will happen to them if they don't keep themselves. In addition, I also tell them that such kind of thing not only affect them but also put their parents in danger, if their dignity is affected it means that their parents also affected by the issue. I also tell them every time that if they want to do anything it should have to be in the way their religion allows. Otherwise it will be unacceptable by their religion and community. I tell them that things will happen on time and there is no need to rush and they should be patient". (IDIPP2,Age33)

"I tell to my daughter about my experience. I mean she saw me when taking the pill and I tell her the reason why I'm using contraceptives, about the different types [of contraceptives] like long acting, short acting and also their benefits and harms. I tell to her to know about it at least she will use it after she gets married but I caution her that contraceptives are taken after marriage." (IDIPP4, Age 35)

We also tried to assess adolescent girls' perspective on communication on contraceptive and sexual health matters with their parents. Adolescents generally do not discuss about contraceptive methods with their parents rather they discuss about education, menstruation and so on. Parents do not allow and encourage their unmarried adolescents to discuss about contraceptives and menstruation.

"Indeed, we never discuss about contraceptives rather we talked about menstruation with my mother…" *(IDIAP 1, Age 18, Grade 10^{+2})*

"*Family does not allow us to discuss about contraceptive and sexuality because they assume that discussion about contraceptive should happen if you are married…" (IDIAP 2, Age 17, Grade 9th)*

Adolescent girls from the in-depth interview mentioned the reason for not communicating with their parents about reproductive health specifically contraceptive methods. They believe adolescent should be married to discuss about contraceptives with their parents. Otherwise, parents may think that their unmarried daughter has started sexual intercourse and become disappointed. For these reasons the adolescent girls prefer to discuss such issues with their peers and friends.

"Most of the time discussion about family planning exists if you are married but if you are not married and living with your family how can you talk with them about it. If you are married you might get pregnant due to this reason you will discuss about it with you families. " (IDIP1, Age 18, Grade 10^{+2})

"If you discuss with your family they might think that you started another thing so they will be disappointed and take action on you. But a girl can freely talk with her friends without fear" (IDIAP1, Age 18, Grade 10^{+2})

Most adolescent girls prefer to discuss contraceptives and sexual health with their friends and peers due to several reasons

"I prefer to discuss with my friends because my friends are in the same age as I, so I freely talk about any issue even about contraceptives without fear. Plus there is difference in age with your parents because of this you fear to have a clear discussion with them…." (IDIAP3, Age 16, Grade 9th)

Although discussion about contraceptives between parents and adolescents is lacking majority of the adolescents' mothers said open discussion with adolescent is very important. They also caution that such discussion should be step-wise and age adjusted.

"The discussion is important; they can keep themselves from different things that might happen on them. Even having a discussion about contraceptive is also useful but you should have to be

step wise I mean you can tell them according to their age. Most spoiled children's are those who didn't discuss and their parents are somewhat aged".(IDIPP1, Age 30)

5.6.3 Mothers opinion on adolescents' use of contraception

Most of the participants reported that they will not be happy if they learn their adolescents using contraceptives. As to how parents would react if they find out their adolescents' use of contraceptives is hard to tell. Parents would not want to expose their children's behavior to others. They may react in private as indicated by one parent:

"*in my opinion ,she is not supposed to use it "yaw" my fear is not about the pregnancy after all its a child so it doesn't matter but what I fear is for their life they will be in difficult situations and become burden for their family and country. Other than the pregnancy they will be exposed for various sexually transmitted diseases that is my main fear…." (Parent IDIPP3, Age 30)*

"At first why would she want to use contraceptives? If she wants to marry she can if not she should have to limit her from such kind of thing until she gets married. But if she is using it before marriage it's not good at all…." (Parent IDIPP4, Age 33)

5.6.4 Mothers attitude towards use of contraceptives by adolescent girls

Majority of the parents do not advise use of contraceptives by adolescent girls. They believe that contraceptive use will have adverse health effects on adolescents. Even though they knew contraception will protect the adolescents against pregnancy, the fear of side effects does not allow them to encourage the adolescents to use them especially the females. There was the fear that the use of contraceptive will lead to infertility:

"Contraceptive are harmful if they are using without in marriage, it will have an adverse effect like making them infertile. The community attitude for you if you are using it without marriage is also not good. It's not acceptable by your religion, community, its not even acceptably by me, even its not advisable for those who got married but those married ones at least gave birth but unmarried ones will not be victim of it…"(Parent IDIPP1,Age 35)

Table 6: key summary of qualitative findings in Butajira, Ethiopia 2019G.C

Code	Key themes	Verbatim
IDIAP2	Communication about contraceptives with parents from adolescent perspective	"*Family does not allow us to discuss about contraceptive and sexuality because they assume that discussion about contraceptive should exist if you are married"(IDIAP 2,Age17,Grade 9th)*
IDIPP1	Communication about contraceptives with adolescents from parents perspective	*" it's not good to discuss about contraceptive with my daughter. I mean, it look like I'm pushing her to use it and also she is not married and marriage should be first before pregnancy and in my religion a girl can't be in a relationship without having "nika" (IDIPP1, Age 30)*
IDIPP3	Mothers opinion on adolescents' use of contraception	**"***in my opinion ,she is not suppose to use it "yaw" my fear is not about the pregnancy after all its a child so it doesn't matter but what I fear is for their life they will be in difficult situations and become burden for their family and country. Other than the pregnancy they will be exposed for various sex related disease that is my main fear…." (Parent IDIP3, Age 30)*

IDIPP2	Mothers attitude towards use of contraceptives by adolescent girls	*"Contraceptive are harmful if they are using without in marriage, it will have an adverse effect like making them infertile. The community attitude for you if you are using it without marriage is also not good. It's not acceptable by your religion, community, its not even acceptably by me, even its not advisable for those who got married but those married ones at least gave birth but unmarried ones will not be victim of it…"(Parent IDIP2,Age 35)*

**IDIAP in-depth interview adolescent participant

**IDIPP in-depth interview parent participant

6. DISCUSSION

The aim of this study was to assess the prevalence of adolescent's contraceptive utilization and associated factors. Findings from this study revealed that 15.3% of sexually active adolescent utilize contraceptive and Adolescent's age, knowledge and adolescents' mothers knowledge was a significantly associated with contraceptive utilization by adolescents.

Among the respondents who were sexually active, 15.3% of them have ever used contraceptive at least once in their life time. This result is comparable to the estimates reported by previous studies conducted in Jimma (17.6. %), Ghana (18.3%) and Nigeria (15.6%) (22, 53, 76). However, our estimate is lower when we compared to similar studies conducted in different part of Ethiopia and Nepal (23, 26, 30, 77-79).

The study done in East Gojjam included out of school and married adolescents (77) .Our study included unmarried adolescents. This may lower their contraceptive practice. Socio-demographic and cultural difference of the study participants may also explain the discrepancy(79).Variation of the age groups among study participant could explain the disparity since the Northern Shewa and Nepal study include wide age range unlike ours(78, 79).

The low utilization of contraceptives among sexually active unmarried adolescent show that ,barriers preventing them from accessing information and contraceptive methods were not overcome. Fear of side effects, unavailability of preferred method and feeling embarrassed to get the service are some of the documented barriers. Low utilization of contraceptive methods by sexually active unmarried adolescent leads to high rate of sexual and reproductive health problem like unwanted pregnancy, unsafe abortion HIV and STI.

The government's effort to improve sexual and reproductive health service utilization among adolescent has to break these barriers to increase the contraceptive use. Our results present evidence that may be useful to inform future policies, strategies and programs that aim to increase contraceptive utilization among sexually active unmarried adolescents..

In our study we found that condoms were the most frequently used method followed by the oral contraceptive pill and Injectables. These finding is consistent with the findings reported in

studies conducted in Nepal, South Africa and Assela (30, 79, 80). Our findings imply that sexually active teenagers are aware about and have access to short acting contraceptive methods.

Our study found that knowledge of mothers on contraceptive methods is significantly associated with use of contraceptive by adolescents. Female adolescents whose mother knew about contraceptive were more likely to use contraceptive compared to their counterparts. Although further researches are needed to examine causal relationship between parental knowledge and adolescent use of contraceptives our finding in indicative of the potential benefit of improving maternal knowledge on contraception and sexual health to influence their adolescent girls used of contraceptives.

Finding from our study showed that adolescent's communication with their mother's is not significantly associated with adolescent contraceptive utilization. This finding is in contrast to the study conducted in Mecha and Awabel district in northwest Ethiopia where parent adolescent communication was significantly associated with adolescent contraceptive utilization(49, 63).

The discrepancy for this finding could be due to the way we measured adolescents and mothers communication in our study. In addition, as gathered from the qualitative data both the parents and adolescents are uncomfortable to discuss openly about contraceptive and sexual health. When they discuss they focus on general sexual issues and their discussion is filled with warning and disapproval of sexual relationship before marriage.

In the current national adolescent youth health strategy (2016-2020), parental involvement for better health and wellbeing of Ethiopian adolescents and youth is highly supported(18). Our finding could be used as an input for refining different program implementation strategies regarding adolescent sexual and reproductive health through improving parental engagement.

Our qualitative finding concerning maternal attitude towards contraceptive use by adolescents indicate that majority of adolescent mothers have negative attitude. They also confirm that the use of contraceptives by adolescents can promote promiscuity and that their culture and religion do not support contraceptives usage by unmarried adolescents. In addition the fear of serious side

effects contributes for their negative attitude. The finding of this study is supplemented with the study conducted in Ghana (70).

Negative maternal attitude on the use of contraceptives by adolescents can influence adolescents' decisions in taking up the option of contraception as a way of preventing unwanted pregnancy, HIVs and other sexually transmitted diseases

There is significant association between age of adolescents and their contraceptives utilization. Adolescents who are in the age group of 17-19 were more likely to utilize contraceptives than female adolescent in the age group of 15-16. This finding is consistent with previously conducted studies in Southwest Ethiopia, Bahirdar and Ghana (22, 46, 81).

This finding implies that, older female adolescents are more likely to be in relationship, and more likely to be sexually active than their younger counterparts. Besides, as age increases adolescent become more aware of contraceptive methods, available contraceptive methods, and the importance of contraceptive use, compared to younger inexperienced female adolescents (24, 29).

The findings of our study revealed that knowledge of adolescents on contraceptive service was a significant predictor of contraceptive use. Adolescents with knowledge about contraceptive services were more likely to ever use contraceptive services. This finding is similar with the study done in Hadiya zone, Jimma, Harare and Mekele town (22, 55, 56, 82).

This could be explained by the fact that awareness of family planning is a prerequisite to obtain access and use contraceptive method and also explained by the fact that family planning services are delivered with a package of general awareness on RH so that those who were exposed to such information are more likely to be motivated for RH services ever or now.

7. STRENGTH AND LIMITATION OF THE STUDY

7.1 Strength of the study

A major strength of our study is that we explored the perspectives of mothers and adolescents from their own side and use of female data collectors to collect the data has improved the response rate including responses to sensitive issues. Both qualitative and quantitative methods were used to substantiate the study. These methods improve the research outcomes as qualitative study complement and strengthen the quantitative study**.** The study was conducted in BHDSS which gave us sample frame to randomly select study participants.

7.2 Limitation of the study

Since our study involved sensitive issues all adolescents might not give genuine answer to the question. In addition the study was based on cross-sectional data, which implies that the direction of causal relationships cannot be determined.

8. CONCLUSION AND RECOMMENDATION

8.1 Conclusion

In general, our study revealed that majority of sexually active adolescents were not using contraceptives and Mothers' knowledge on contraceptive methods was found to be significantly associated with adolescent's contraceptive use. Based on this finding our research concludes that the prevalence of contraceptive use among unmarried adolescent's girls in Butajira was low and mothers' knowledge had positive influence on adolescent contraceptive use.

8.2 Recommendations

For policy makers/Health programmers

- To strengthen different programs which work to improve contraceptive utilization among adolescents.

For health care professionals

- To provide effective health education for adolescents and their mother on the range of reversible contraceptive methods, including long acting reversible contraceptive methods.

For organization working on adolescent sexual and reproductive health

- To work in collaboration with parents to strengthen parents-adolescents communication skills.

For researchers

- Further studies should be conducted in this area by incorporating both parents.

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ANNEXS

Annex I English version

10.1 Information sheet

Hello, My name is_____. I am here on behalf of **Melete Bizuwork**, a student in Addis Ababa University School of public health RH unit. She is conducting a research on prevalence of contraceptive utilization and associated factors among unmarried female adolescents aged 15-19 years in Butajira, Ethiopia

The **aim** of this study is to understand the prevalence of contraceptive utilization and associated factors among unmarried female adolescents aged 15-19 years in Butajira, Ethiopia. You are selected randomly by multistage random sampling technique to participate in this study because you are currently in the age group of 15-19 and living in one of those selected households for the study purpose.

I ask you to take part in this study and to respond genuinely. Your cooperation and willingness is greatly helpful in understanding contraceptive Service Utilization among unmarried adolescents and associated factors. As part of the study we will ask you few questions and it will take, about 25- 30 minute.

Study benefit and risk: _ your name will not be recorded in this form and will never be used in connection with any information you give us. There is no benefit, payment or possible risk associated with participating in this study except the time spent to responding tour questions. **Participant's right:-** all information given by you will be kept confidential. Your participation is voluntary and you are not obligated to answer any question you are not willing to respond. If you feel any discomfort with any of the question, it is your right not to respond or stop. However the information you give is very important for the study we encourage you to complete the questions. to drop it any time you want. If you have questions regarding this study or would like to be informed of the results after its completion, you can comfortably contact the principal investigator.

Address of the principal investigator

Name Melete Bizuwork Tefery

Phone Number: +251920140076

+251960394980

E-mail: meletebtefery@gmail.com

10.2 Informed Consent

I have been informed the purposes of the study using the language I can understand. I was also informed to ask the principal investigator and the contact detail of her is given to me. I was even told not to participate in the study if I am not convinced by its purpose or stop filling the answers for certain questions for which I am not comfortable with. I then decided.

Are you willing to participate in this study?

1. Yes - …….. Continue to the next page
2. No- …… Thank the respondent and stop here

10.3 Information sheet for Ascent form

Hello, My name is_____. I am here on behalf of **Melete Bizuwork**, a student in Addis Ababa University School of public health RH unit. She is conducting a research on prevalence of contraceptive utilization and associated factors among unmarried female adolescents aged 15-19 years in Butajira, Ethiopia

The **aim** of this study is to understand prevalence of contraceptive utilization and associated factors among unmarried female adolescents aged 15-19 years in Butajira, Ethiopia. You are selected randomly by multistage random sampling technique to participate in this study because you are currently in the age group of 15-19 and living in one of those selected households for the study purpose.

I ask you to take part in this study and to respond genuinely. Your cooperation and willingness is greatly helpful in understanding contraceptive Service Utilization among unmarried adolescents and associated factors. As part of the study we will ask you few questions and it will take, about 25- 30 minute.

Study benefit and risk: _ your name will not be recorded in this form and will never be used in connection with any information you give us. There is no benefit, payment or possible risk associated with participating in this study except the time spent to responding tour questions. **Participant's right:-** all information given by you will be kept confidential. Your participation is voluntary and you are not obligated to answer any question you are not willing to respond. If

you feel any discomfort with any of the question, it is your right not to respond or stop. However the information you give is very important for the study we encourage you to complete the questions. to drop it any time you want. If you have questions regarding this study or would like to be informed of the results after its completion, you can comfortably contact the principal investigator.

Address of the principal investigator

Name Melete Bizuwork Tefery

Phone Number: +251920140076

+251960394980

E-mail: meletebtefery@gmail.com

10.4 Ascent form

I have been informed the purposes of the study using the language I can understand. I was also informed to ask the principal investigator and the contact detail of her is given to me. I was even told not to participate in the study if I am not convinced by its purpose or stop filling the answers for certain questions for which I am not comfortable with. I then decided.

Are you willing to participate in this study?

1. Yes - …….. Continue to the next page
2. No- …… Thank the respondent and stop here

10.5 English version questionnaire for quantitative part

GENERAL INSTRUCTIONS: The questionnaire has eight sections, including questions regarding to socio-demographic characteristics, knowledge, attitude and practice of contraceptive use assessing questions. It has also same part for adolescent's mothers the sections are the same for both participants with the addition of socioeconomic status section for parents.

Part I Socio-Demographic characteristics of adolescent girls in Butajira, Ethiopia Now I am going to ask some questions about socio economic and demography in order to gain a better understanding of some important issues. I assure you all information provided will be kept in secret			
S/NO.	**QUESTIONS AND FILTERS**	**CODING CATEGORIES**	**SKIP**

101	In what month and year were you born?	Month---------- don't know month -----99 Year---------- don't know year--------999	
102	What is your age in completed	----------Years	
103	What is your relationship status now?	1. Single **2.** Has a boy friend	
104	Have you ever attended school?	1. Yes 2. No	**If no skip toQ#106**
105	What is the highest level of school you attended:	1. Illiterate (can't read and write) 2. Can read and write but no formal school. 3. Primary school(1-8) 4. Secondary school(9-12) 5. Technical/vocational 6. Higher(12+)	
106	What is your occupation?	1. Government employee 2. Private employee 3. Daily labor 4. House wife 5. Merchant 6. Peasant 7. Other specify----------	
107	With whom are you living currently?	1. Both parents 2. With single parent(mother) 3. With single parent(father) 4. Relatives 5. Others (specify)---------	

Part 2 Knowledge of adolescents about contraceptive methods

Now I would like to talk about modern contraceptive the various ways or methods that can use to delay or avoid a pregnancy.

For each contraceptive method, the data collector should follow the described protocol:

1. You (data collectors) have you ever heard of the methods?

A. if the respondent say "yes" without hesitation, mark "yes" and move to the next question

B. if the participant say "No" or hesitate then read the probe

I. After the probe if the respondent recognize then mark "Yes" and move to the next question.

II. After the probe if the respondent didn't recognize then mark "No" and move to the next question.

S.NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
201	. Have you ever heard of ****More than one answer is possible)** ****Please read the choices for the participant based on the above remark**		**Yes**	**No**	
		Oral pills		→	SkipQ#203
		Emergency pill		→	SkipQ#204
		Injectables		→	SkipQ#205
		Implant		→	SkipQ#206
		IUCD		→	SkipQ#207
		Male condom			
		Female condom			
		Male sterilization			
		Female sterilization			
		Other			
202	If your answer for Q# 201 is yes from where you heard about it? **(More than one answer is possible**)	1. Health professional 2. From friends 3. From family members 4. Media (TV/ radio) 5. From school 6. Others (specify)----------			
203	How oral contraceptive pills are taken to prevent unintended Pregnancy? ****Please don't read the choices for the participants**	1. One pill daily 2. One pill every other day 3. One pill following sexual Intercourse 4. Do not know 5. Others (specify)----------			
204	Within how many				

	hours/days after unprotected sex should emergency pills be taken to prevent pregnancy? ****Please don't read the choices for the participants**	1. Hour/days---------- 2. Do not know	
205	For how long does injectable prevent unintended pregnancy from the time of injection? ****Please don't read the choices for the participants**	1. Month/year---------- 2. Do not know	
206	For how long does implanon prevent unintended pregnancy from the time of insertion? ****Please don't read the choices for the participants**	1. Month/year---------- 2. Do not know	
207	For how long does IUCD prevent unintended pregnancy from the time of insertion?? ****Please don't read the choices for the participants**	1. Month/year---------- 2. Do not know	
208	Do you know where to get contraceptive methods?	1. Yes **2.** No ⟶	**If no skip to Q#210**
209	Tick the source where you can obtain contraception? **(More than one answer is possible)** ****Please don't read the choices for the participants**	1. Government hospital 2. Government health center 3. Government health post 4. NGO 5. Youth center 6. Private hospital 7. Private clinic 8. private pharmacy 9. Government pharmacy **10.** Others (specify)----------	

210	Does contraceptive have advantage for adolescents??	1. Yes 2. No	
211	What are the benefits of contraceptive for adolescents? **More than one answer is possible) ****Please don't read the choices for the participant**	1. To prevent unwanted / unplanned pregnancy 2. Help for birth spacing 3. To prevent STI/HIV 4. Don't know 5. Other(specify)----------	

Part 3 Attitude of adolescents towards Contraceptive Methods

Now I am going to assess your attitude towards modern contraceptives. Give me your evaluation for each questions based on 1-5 attitudinal measurement. Let me assure you again that your answer are completely confidential & will not be told to anyone**.**

S.NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Would you like to know more about methods of preventing pregnancy?	1. Yes **2.** No	
302	Do you discuss about methods of preventing pregnancy with your friends?	1. Yes **2.** No	
303	Who do you think should take responsibility to practice methods of preventing pregnancy?	1. Female partner 2. Male partner **3.** Both partners	
304	Do you believe that contraceptives are harmful for Health	1. Strongly agree 2. Agree 3. Neutral 4. Strongly disagree 5. disagree	
305	Do you believe that contraceptives are not as important as some people say	1. Strongly agree 2. Agree 3. Neutral 4. Strongly disagree 5. disagree	
306	If two people are having sex and are not ready to have a child it is very important that they use contraceptives	1. Strongly agree 2. Agree 3. Neutral 4. Strongly disagree	

		5. disagree	
307	Students do not need contraceptive even though they are sexually active	1. Strongly agree 2. Agree 3. Neutral 4. Strongly disagree 5. disagree	
308	Do you approve use of modern methods of preventing pregnancy by unmarried adolescents if they engaged in sexual activity?	1. Strongly agree 2. Agree 3. Neutral 4. Strongly disagree 5. disagree	
309	Do you believe that contraceptive have advantage for unmarried adolescent girls?	1. Strongly agree 2. Agree 3. Neutral 4. Strongly disagree 5. disagree	
310	Do you believe that contraceptive have disadvantage for unmarried adolescent girls?	1. Strongly agree 2. Agree 3. Neutral 4. Strongly disagree 5. disagree	

PART 4 Sexual history and contraceptive use by unmarried adolescents

Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.

S.NO	**QUESTIONS AND FILTERS**	**CODING CATEGORIES**	**SKIP**
401	Have you ever discuss about family planning with you parents?	1. Yes **2.** No →	**If No skip to Q#403**
402	If you answer for Q.No 401 is yes with whom did you discuss??	1. With my mom 2. With my dad 3. Other---------	
403	Have you ever had sex??	1. Yes 2. No →	**If No skip to Q#415**
404	How old were you when you had sexual intercourse for the first time?	----------Years Didn't remember----------1	

405	Did you or your partner use any contraceptives when you had sex for the first time?	1. Yes 2. No →	**If No skip to Q#408**
406	If yes to #405which contraceptive methods have you used?	1. Pills 2. Condoms 3. IUCD 4. Implant 5. Injectable 6. Emergency contraception 7. Withdrawal **8.** Others (specify)----------	
407	Where did you get the Contraceptive you used for the first time?	1. Government hospital 2. Government health center 3. Government health post. 4. NGO 5. Youth center 6. Private hospital 7. Private clinic 8. private pharmacy 9. Government pharmacy 10. Others (specify)	
408	When was the last time you had sexual intercourse? ****If less than 12 months, answer must be recorded in days, weeks or months.** ****if 12 months (one year) or more, answer must be recorded in years**	1. days ago 2. Weeks ago 3. months ago 4. Years ago	
409	Did you or your partner use contraceptives when you had sex for the last time?	1. Yes 2. No →	**If No skip to Q#418**
410	If yes to #409which contraceptives methods have you used?	1. Pills 2. Condoms 3. IUCD 4. Implant 5. Injectable 6. Emergency contraception 7. Withdrawal 8. Others (specify)----------	
411	Where did you get the Contraceptive you used for the last time?	1. Government hospital 2. Government health center 3. Government health post. 4. NGO 5. Youth center	

		6. Private hospital 7. Private clinic 8. private pharmacy 9. Government pharmacy 10. Others (specify)	
412	What was the reason you get the contraceptive method you used the last time from the above place? ****More than one answer is possible)**	1. No Registration 2. Does not need prescription 3. Short waiting time 4. Friendly staff 5. Availability in Short distance 6. Affordable price 7. Free service 8. Others (specify)----------	
413	Why you choose the method you used during the last intercourse? ****More than one answer is possible)**	1. Easy for secret use 2. Easy to get it 3. Cheap to buy 4. I get it for free 5. Have better knowledge about it 6. Others (specify)----------	
414	For what purpose did you used contraceptive methods the last time you had sexual intercourse?	1. To prevent unwanted pregnancy 2. To Prevent sexually transmitted 3. Diseases 4. For medication 5. Others (specify)----------	
415	Have you ever used any contraceptive methods for any reason?	1. Yes 2. No ⟶	**If no Skip to Q#417**
416	If your answer for **Q# 413** is yes what was your reason for utilizing the contraceptives?	1. To prevent unwanted pregnancy 2. To Prevent sexually transmitted 3. Diseases 4. For medication 5. Others (specify)----------	
417	Do you have a plan to use Contraceptive method in the future??	1. Yes 2. No ⟶	

418	What challenges did you face when you use contraceptive methods? **(For ever user and current users only)** **More than one answer is possible**	1. Lack of knowledge on how to use properly 2. Long waiting at the health Institute 3. Disapproval by parent 4. Disapproval by partner 5. Lack of information where to get contraceptive 6. Bad health workers attitudes 7. Fear side effect 8. Embracement to buy **9.** Others (specify)--------	
419	What are reasons why you did not want to use contraceptive? **(For ever non-users)** **More than one answer is possible**	1. Lack of knowledge 2. Religious opposition 3. Fear side effect 4. Afraid of being seen by Parents 5. Partner disapproval 6. Do not know where to get Contraceptive 7. Embracement to buy 8. Do not approve use of contraceptive by adolescents 9. Fear of bad health workers attitude 10. Do not had sex before 11. Preferred method not available 12. Preferred source is far 13. I want to have child **14.** Other/specify----------	

Part 5 Socio-Demographic characteristics of adolescent's mothers

Now I am going to ask some questions about socio economic and demography in order to gain a better understanding of some important issues. I assure you all information provided will be kept

in secret			
S/NO	**QUESTIONS AND FILTERS**	**CODING CATEGORIES**	**SKIP**
501	Sex of the respondent	1. Male **2.** Female	
502	Have you ever attended school?	1. Yes 2. No →	**If no skip toQ#504**
503	What is the highest level of school you attended?	1.Illiterate (can't read and write) 2. Can read and write but no formal school 3.Primary school(1-8) 4.Secondary school(9-12) 5.Technical/vocational 6.Higher(12+)	
504	What is your marital status?	1. Single 2. Married 3. Divorced 4. Widowed/r	
505	What is your occupation?	1.Government employee 2.Private employee 3.Daily labor 4 .House wife 5. Merchant 6. Peasant **7.** Other specify	

Part6. Household socio-economic status

The next questions ask about your household assets, services and housing conditions .please circle your possible answer within the response box.

S.NO	**QUESTIONS AND FILTERS**	**CODING CATEGORIES**	**SKIP**
601	What is **main** current source of drinking water for members of your house hold? ****More than one answer is not allowed**	1. Piped water 2. Public Tap/Stand Pipe 3. Borehole 4. Protected well 5. Unprotected well 6. Protected Spring 7. Unprotected Spring 8. River/Ponds/Stream/Dam 9.Other (specify)	

602	What kind of toilet facility do members of your household **usually** use? ****Observe and circle** ****More than one answer is not allowed**	1. Flush to piped sewer system 2. Flush to septic tank 3. Composting toilet 4. Bucket toilet 5. Pit latrine with slab 6. Pit latrine without slab 7. Ventilated improved pit latrine (VIP). 8. No facility/bush/field 9.Other (specify)	
603	Do you share this toilet facility with other households?	1. Yes 2. No	
604	How many rooms in this household are used for sleeping?	_____ in number	
605	What type of fuel do you **mainly** use for cooking? ****Multiple answer possible*)**	1. Electricity 2. Wood 3. Kerosene 4. Animal dung 5. Charcoal 6. Other (specify)	

606	Which of the following does your household have? ****Ask one by one** ****More than one answer is possible**		Yes(1)	No(0)
		a. Electricity		
		b. Radio		
		c. Television		
		d. computer		
		e. Non mobile telephone		
		f. Refrigerator		
		g. Electric mitad		
		h. Table		
		i.Chair		
		j.bed with cotton/spons/ spring mattress		
		k. kerosene lamp		

607	Does any member of this household own:		**Yes(1)**	**No(2)**	
		a. Watch			
		b. Mobile			
		c. Bicycle			
		d. Motorcycle			
		e. Animal-drawn cart			
		f. Bajaj			
		g. Car/truck			
608	What are the main materials of the floor of house? ****Observe and circle**	1. Earth/Sand 2. Dung 3. Wood planks 4. Palm/Bamboo 5. Ceramic Tiles 6. Cement 7. Other (specify)_____			
609	What are the main materials of the roof of house? ****Observe and circle**	1.Thatch/straw 2.Leaf/Earth/ Mud/Cow dung 3.Wood planks, cardboard 4.Finished roof (iron, tin, finished wood, cement, ceramic) 5.Other (specify)_____			
610	What are the main materials of the Walls of house? ****Observe and circle**	1.No walls 2.Bamboo/cane 3.Bamboo with mud 4.stone with mud 5.plywood, cardboard 6.Finished walls with cement, brick, stone with cement, wood planks/shingles 7.Others (specify)_____			

Part 7 Knowledge of adolescent's mothers about contraceptive methods

Now I would like to talk about modern contraceptive the various ways or methods that can use to delay or avoid a pregnancy.

For each contraceptive method, the data collector should follow the described protocol:

1. You (data collectors) have you ever heard of the methods?

A. if the respondent say "yes" without hesitation, mark "yes" and move to the next question

B. if the participant say "No" or hesitate then read the probe

III. After the probe if the respondent recognize then mark "Yes" and move to the next question.

IV. After the probe if the respondent didn't recognize then mark "No" and move to the next question.

S.NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
701	. Have you ever heard of **More than one answer is possible) **Please read the choices for the participant based on the above remark		**Yes**	**No**	
		Oral pills		→	SkipQ#703
		Emergency pill		→	SkipQ#704
		Injectables		→	SkipQ#705
		Implant		→	SkipQ#706
		IUCD		→	SkipQ#707
		Male condom			
		Female condom			
		Male sterilization			
		Female sterilization			
		Other			
702	If your answer for Q# 201 is yes from where you heard about it? **(More than one answer is possible**)	7. Health professional 8. From friends 9. From family members 10. Media (TV/ radio) 11. From school 12. Others (specify)----------			
703	How oral contraceptive pills are taken to prevent unintended Pregnancy? ****Please don't read the choices for the participants**	6. One pill daily 7. One pill every other day 8. One pill following sexual Intercourse 9. Do not know 10. Others (specify)----------			
704	Within how many				

	hours/days after unprotected sex should emergency pills be taken to prevent pregnancy? ****Please don't read the choices for the participants**	Hour/days---------- Do not know	
705	For how long does injectable prevent unintended pregnancy from the time of injection? ****Please don't read the choices for the participants**	Month/year---------- Do not know	
706	For how long does implanon prevent unintended pregnancy from the time of insertion? ****Please don't read the choices for the participants**	Month/year---------- Do not know	
707	For how long does IUCD prevent unintended pregnancy from the time of insertion?? ****Please don't read the choices for the participants**	Month/year---------- Do not know	
708	Do you know where to get contraceptive methods?	1.Yes 2.No→	**If no skip to Q#710**
709	Tick the source where you can obtain contraception? **(More than one answer is possible)** ****Please don't read the choices for the participants**	1.Government hospital 2.Government health center 3.Government health post 4.NGO 5.Youth center 6.Private hospital 7.Private clinic 8.private pharmacy 9.Government pharmacy 10.Others (specify)----------	

710	Does contraceptive have advantage for adolescents??	1.Yes 2.No	
711	What are the benefits of contraceptive for adolescents? **More than one answer is possible) ****Please don't read the choices for the participant**	1.To prevent unwanted / unplanned pregnancy 2.Help for birth spacing 3.To prevent STI/HIV 4.Don't know 5.Other(specify)----------	

Part 8. Sexual history and contraceptive utilization among adolescent's mothers.

Now I would like to ask you some questions about your recent use of contraceptives. Let me assure you again that your answer are completely confidential & will not be told to anyone. If we should come to any question that you don't want to answer, just let me know & we will go to the next questions.

S.NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	What was your age when you got married for the first time?	----------Years Don't remember……1	
802	What was your age when you had sexual intercourse for the first time?	Age in completed years---------- Don't remember…….1	
803	Are you or your partner currently doing something or Using any method to delay or avoid getting pregnant?	1. yes 2. no →	**If No skip to Q#807**
804	What is the family planning method that you are using currently?	1. Oral contraceptive pill 2. Condom 3. IUCD 4. Implant 5. Injectable 6. Emergency pills 7. Withdrawal **8.** Other (specify)	

805	Who chose this method for you?	1. Myself 2. My husband 3. My friend 4. My neighbor 4 5. The provider 6. Other(specify)---------	
806	Did you discuss with the health provider before choosing the method?	1. YES 2. NO	
807	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	1. YES **2.** NO →	**If No end the interview**
808	If your answer for Q # 807 is yes what was the method you used?	**Record**	

Thank you very much!

10.6 Information sheet for qualitative study

Greeting… I am Melete Bizuwork and from Addis Ababa University, School of Public Health. I am conducting a survey in this community about what adolescent's mothers think about the use of contraceptives (family planning) by adolescents who are between 15-19 years old. This survey is part of the requirements for my postgraduate programme in public health. The information gathered however may be of help to the health authorities in planning for adolescent reproductive health programmes in this community which will benefit society at large. The interview will take 45-50 minutes and it will be audio recorded. The interview will be tape recorded. The information you provide will be kept completely confidential, that is your name will not be record and will not be mentioned in the report either. No one except the principal investigator will have access questionnaires and tape records.

You can ask me a question for further clarification now and I am ready to answer your questions. However if you want to ask the question any time, my contact details are as follows.

Melete Bizuwork

Tele:- 0920140076

Email:- meletebtefery@gmail.com

10.7 In-depth interview guide for qualitative part of the study

In-depth interview guide for female adolescent

Now we will talk about issues related with adolescent parent communication about different sexual and reproductive health issues. The discussion will be tape recorded and hand written starting from now.

Main question

1. Have you ever communicate with your parents in any of your issues?
2. Have you ever discuss with your parents about sexual and reproductive health including contraceptive?
3. With whom you want to discuss from your family?? Why u prefer your mom or dad?
4. How did you get your discussion with your parents? Was it helpful?

Follow-up question

1. In what kind of issue did u discuss with your parents??(yes) Why you don't want to discuss different issues with your parents?(No)
2. What brought about the discussion? What kind of things did they told to you concerning the raised issue?
3. Is it ok to discuss about family planning with your parents??
4. In what way it helps you?

In-depth interview guide for adolescent mothers

Team one: - parent adolescent communication

Now we will talk about issues related with adolescent parent communication about different sexual and reproductive health issues. The discussion will be tape recorded and hand written starting from now.

Main question

1. Do people in your community discuss about any issues with their adolescents/children?
2. Does the discussion have advantage or disadvantage for adolescents?
3. How is your approach/closeness with your daughter??
4. Did you discuss with your daughter about SRH/FP issue
5. What is your opinion about adolescents discussing contraceptives with parents and their peers?

Follow-up question

1. In what kind of issue did u discuss with their adolescents??(yes) Why parents fail to discuss different issues with their adolescents?(No)

2. In what way it harms or helps adolescents and parents?

3. Have you ever discuss with your daughter with any issues?? In what kind of issue did you discuss with her? What brought about the discussion?

4. What kind of things did you told for her?(yes) why fail to discuss(no)

Team 2:-Opinion of parents about FP

Now we will talk about issues related with adolescent contraceptive use. The discussion will be tape recorded and hand written starting from now.

Main question

1. What do you think are the advantages and disadvantages of FP for a women like you? What about for unmarried female adolescents
2. What is your opinion about unmarried female adolescents who are using contraceptive methods?
3. Do you believe that unmarried adolescents should use contraceptives?
4. Do parents in your community allow their unmarried female adolescents to use modern contraceptive if she is engaged in sexual activity? What about you??
5. Would you want FP to be available to adolescents?? Why or why not??

Follow-up question

1. How could FP help or harm someone like you, like unmarried female adolescents
2. Why you said the word that she said??
3. Weather she said yes or no then why?
4. In what way you allow your daughter to use it??
5. What would you say if it were offered to your daughter

Probes

1. What are some ways FP could help or harm a person?

Annex II Amharic version

አዲስ አበባ ዩኒቨርስቲ

ጤና ሳይንስ ኮሌጅ

የህብረተሰብ ጤና ሳይንስ ትምህርት ቤት

10.8 Information sheet Amharic version

ስለጥናቱ ማስታወቂያ ቅጽ

ጠያቂ ፡ ከዚህ በታች ያለዉን መግለጫ ለ ጥናቱ ተሳታፊዎችአንብቢ!!!

ስሜ _____ ይባላል በአዲስ አበባ ዩኒቨርሲቲ ህክምና ፋካሊቲ በሚገኘው የህብረተሰብ ጤና ክፍል በድህረ ምረቃ ተማሪ እየተካሄደ ላለው ጥናታዊ መረጃ ዳሰሳ መረጃ ሰብሳቢ ነኝ::

<u>አላማው:</u> ዕድሜያቸው ከ15-19 በሆኑ ወጣቶችና ቤተሰብ ዘንድ ስለ ቤተሰብ እቅድ ግንዛቤ፣ አጠቃቀም እና አገልግሎቱን እንዳይጠቀሙ እንቅፋት/እክል ጉዳዮችን በተመለከተ ለማጥናት ሲሆን ይህም ጥናታዊ ጽሁፍ ፕሮግራም ለመቅረፅ እና አግባብ ያለው አጠቃቀም እንዲመጣ ያረጋል። አሁን ዕድሜያቸው ከ15-19 የሆኑ ያላገቡ ወጣቶች በዚህ ጥናት ከ 20-30 ደቂቃ የሚፈጅ ቃለ መጠይቅ እናደርጋለን ። እርስዎ በዚህ ጥናት ላይ እንዲሳተፉ የተመረጡት በተደጋጋሚ በተደረገ የኢጋጣሚ የናሙና አወሳሰድ ስሌት መሰረት ለዚህ ጥናት አላማ ከተመረጡት ቤቶች በአንዱ ውስጥ ስለሚኖሩ ነው።

<u>የጥናቱ ልዩ ጥቅም እና የጎን ጉዳት፡</u> ጥናቱ ተሰርቶ ካላቀ በኋላ ለፖሊሲ አውጪዎች እንዲሁም ለሚመለከታቸው ባለድር አካላት እንደግብዓት በመሆን ያገለግላል::በጥናቱ ላይ በመሳተፉ እርሶ ላይ የሚደርስ ምንም ዓይነት ችግር የለም እንዲሁም ምንም ዓይነት የክፍያ ጠቀሜታም አይኖረውም። በጥናቱ በመሳተፍዎ በጥናቱ የሚሳተፉት የጥናቱን ዓላማ በመረዳት እና ሙለ ፍቃደኛ ከሆኑ ብቻ ነው።

<u>የጥናቱ ተሳታፊዎች መብት</u>: ይህን ዓላማ እውን ለማረግ እርሶ በፍቃደኝነት ላይ የተመሠረተ ትብብር እንዲያረጉልን በትህትና እጠይቃለሁ። በቃለ መጠይቁ ወቅት መመለስ የማይፈልጓቸው ጥያቄዎች ካሉ በግልፅ መናገር ይችላሉ።። የሚሰጡን መረጃ ለጥናቱ እጅግ ከፍተኛ የሆነ ጠቀሜታ ይኖረዋል። በቃለ መጠይቁ ወቅት የእርሶን ስምም ሆነ ማንነት ሊገልፅ የሚችል ነገር አይጻፍም። ለጥያቄዎቹ ሚሠጡት ምላሽ ያለእርሶ ፍቃድ ለሶስተኛ ወገን ተላልፎ አይሰጥም። እርሶ የሚሰጡት መረጃ ሙሉ በሙሉ በሚስጥር እንደሚያዝ ላረጋግጥልዎ እወዳለው።

የበለጠ መረጃ ከፈለጉ በዚህ አድራሻ የጥናቱ ባለቤት ማግኘት ይችላሉ

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10.9 Consent form Amharic version

ከመጠይቁ በፊት የተጠያቂው ስምምነት ማረጋገጫ ቅጽ

ስለጥናቱ አላማ በማዉቀዉ እና ልረዳዉ በምችለዉ ቋንቋ ተገልጾልኛል፡፡ ያልገቡኝንም ነገሮች በመጠየቅ ተረድቻለሁ፡፡ በተጨማሪም በጥናቱ ላይ መመለስ የማልፈልጋቸዉ ጥያቄዎች ካሉ አለመመለስ እንደምችል እና ከዚህም አልፎ በጥናቱ ላይ እስከ አለመሳተፍ መብት እንዳለኝ ተገልጾልኛል፡፡ ስለ ጥናቱ የጥናቱን ባለቤት ማግኘት እና መጠየቅ እንደምችል ተነግሮኝ አድራሻ ተሰቶኛል፡፡

የጥናቱ ተሳታፊ ለመሆን ፍቃደኛ ነኝ

በጥናቱ ለመሳተፍ ፍቃደኛ አይደለሁም (አመስግነው ይሸኙ)

10.10 Information sheet for Ascent form Amharic version

<u>ስለ ጥናቱ ማስታወቂያ ቅጽ</u>

ጠያቂ ፡ ከዚህ በታች ያለዉን መግለጫ ለ ጥናቱ ተሳታፊዎችአንብቢ!!!
ስሜ _____ ይባላል በአዲስ አበባ ዩኒቨርሲቲ ህክምና ፋካሊቲ በሚገኘው የህብረተሰብ ጤና ክፍል በድህረ ምረቃ ተማሪ እየተካሄደ ላለው ጥናታዊ መረጃ ዳሰሳ መረጃ ሰብሳቢ ነኝ::
<u>አላማው:</u> ዕድሜያቸው ከ15-19 በሆኑ ወጣቶችና ቤተሰብ ዘንድ ስለ ቤተሰብ እቅድ ግንዛቤ፣ አጠቃቀም እና አገልግሎቱን እንዳይጠቀሙ እንቅፋት/እክል ጉዳዮችን በተመለከተ ለማጥናት ሲሆን ይህም ጥናታዊ ጽሁፍ ፕሮግራም ለመቅረፅ እና አግባብ ያለው አጠቃቀም እንዲመጣ ያረጋል። አሁን ዕድሜያቸው ከ15-19 የሆኑ ያላገቡ ወጣቶች በዚህ ጥናት ከ 20-30 ደቂቃ የሚፈጅ ቃለ መጠይቅ እናደርጋለን ። እርስዎ በዚህ ጥናት ላይ እንዲሳተፉ የተመረጡት በተደጋጋሚ በተደረገ የአጋጣሚ የናሙና አወሳሰድ ስሌት መሰረት ለዚህ ጥናት አላማ ከተመረጡት ቤቶች በአንዱ ውስጥ ስለሚኖሩ ነው።
<u>የጥናቱ ልዩ ጥቅም እና የጎን ጉዳት፡</u> ጥናቱ ተሰርቶ ካላቀ በኋላ ለፖሊሲ አውጪዎች እንዲሁም ለሚመለከታቸው ባለድር አካላት እንደግብዓት በመሆን ያገለግላል::በጥናቱ ላይ በመሳተፉ እርሶ ላይ የሚደርስ ምንም ዓይነት ችግር የለም እንዲሁም ምንም ዓይነት የክፍያ ጠቀሜታም አይኖረውም። በጥናቱ በመሳተፍዎ በጥናቱ የሚሳተፉት የጥናቱን ዓላማ በመረዳት እና ሙለ ፍቃደኛ ከሆኑ ብቻ ነው።
<u>የጥናቱ ተሳታፊዎች መብት:</u> ይህን ዓላማ እውን ለማረግ እርሶ በፍቃደኝነት ላይ የተመሠረተ ትብብር እንዲያረጉልን በትህትና እጠይቃለሁ። በቃለ መጠይቁ ወቅት መመለስ የማይፈልጓቸው ጥያቄዎች ካሉ በግልፅ መናገር ይችላሉ።። የሚሰጡን መረጃ ለጥናቱ እጅግ ከፍተኛ የሆነ ጠቀሜታ ይኖረዋል። በቃለ መጠይቁ ወቅት የእርሶን ስምም ሆነ ማንነት ሊገልፅ የሚችል ነገር አይጻፍም። ለጥያቄዎቹ ሚሠጡት ምላሽ ያለእርሶ

ፍቃድ ለሶስተኛ ወገን ተላልፎ አይሰጥም። እርሶ የሚሰጡት መረጃ ሙሉ በሙሉ በሚስጥር እንደሚያዝ ላረጋግጥልዎ እወዳለው።
የበለጠ መረጃ ከፈለጉ በዚህ አድራሻ የጥናቱ ባለቤት ማግኘት ይችላሉ

ስም ምልእተ ብዙወርቅን

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10.11 Ascent form Amharic version

ከመጠይቁ በፊት የተጠያቂው ስምምነት ማረጋገጫ ቅጽ

ስለጥናቱ አላማ በማዉቀዉ እና ልረዳዉ በምችለዉ ቋንቋ ተገልጾልኛል፡፡ ያልገቡኝንም ነገሮች በመጠየቅ ተረድቻለሁ፡፡ በተጨማሪም በጥናቱ ላይ መመለስ የማልፈልጋቸዉ ጥያቄዎች ካሉ አለመመለስ እንደምችል እና ከዚህም አልፎ በጥናቱ ላይ እስከ አለመሳተፍ መብት እንዳለኝ ተገልጾልኛል፡፡ ስለጥናቱ የጥናቱን ባለቤት ማግኘት እና መጠየቅ እንደምችል ተነግሮኝ አድራሻም ተሰቶኛል፡፡

የጥናቱ ተሳታፊ ለመሆን ፈቃደኛ ነኝ

በጥናቱ ለመሳተፍ ፈቃደኛ አይደለሁም (አመስግነው ይሸኙ)

ክፍል 1 ማህበራዊ እና ስነ ህዝብ የሚዳስ በቡታጅራ ከተማ ለሚገኙ ወጣቶች የሚደረግ ቃለ መጠይቅ፡፡

አሁን ስለ ማህበራዊ ፣ እኮኖሚያዊ እና ስነ ህዝባዊ ሚዳስስ መጠይቅ ልጠይቆት ነው። ይህም ከወሊድ መቆጣጠሪያ ጋር ያለውን ግንኙነት ለመረዳት ይረዳል። የሚሠጡን መረጃ በሚስጥር እንደሚያዝ ላረጋግጥልዎ እወዳለው።

ተ.ቁ	ጥያቄዎች	አማራጭ ምላሾችን አክብቡ	ዝለል
101	በምን ወር እና ዓመተ ምህረት ነው የተወለዱት?	ወር_____/_____ ወሩን አያውቁትም_____99 ዓመተ ምህረት_____/_____/_____/_____ ዓመተ ምህረቱን አያውቁትም_____99	
102	እድሜሽ ስንት ነው?	ያጠናቀቁት ዕድሜ በአመት_____/_____	
103	የፍቅር ግንኙነት ሁኔታሽ ምንድን ነው?	1. የወንድ ጓደኛ የሌላት 2. የወንድ ጓደኛ ያላት	
104	መደበኛ ትምህርት ተምረሽ ታውቂያለሽ	1.አዎ 0.አይ ⟶	አይ ከሆነ ወደ 106ዝለል
105	የእርሶ የትምህርት ደረጃ ቢገልፁልን	1.ማንበብ እና መጻፍ የሚችል 2.አንደኛ ደረጃ ያጠናቀቀ (1-8 ክፍል). 3.ሁለተኛ ደረጃ ያጠናቀቀ (9-12 ክፍል) 4.ቴክኒክ ና ሙያ (10+1፣10+2፣10+3) 5.ከፍተኛየትምህርትደረጃያጠናቀቀ(12+)	
106	በአሁኑ ሰዓት ስራሽ ምንድን ነው?	1.የመንግስት ሰራተኛ 2.የግል ስራ ሰራተኛ 3.ተማሪ 4.ነጋዴ 5.የቀን ሰራተኛ 6.ምንም ስራ የሌለው 7.ሌላ	
107	በአሁኑ ሰዓት የምትኖሪው ከማን ጋር ነው?	1.ከእናት እና ከአባት ጋር 2.ከእናት ጋር ብቻ 3.ከአባት ጋር ብቻ 4.ከዘመድ ጋር 5.ሌላ	

ክፍል 2፦ የወሊድ መቆጣጠሪያን በተመለከተ በቡታጅራ ከተማ የሚገኙ ሴት ወጣቶችን እውቀት ለመዳሰስ የሚደረግ ቃለ መጠይቅ፡፡

ይህ ቃለ መጠይቅ ስለ ወሊድ መቆጣጠሪያ ያሎትን ዕውቀት የሚዳስሰው ነው፡

ተ.ቁ	ጥያቄዎች	አማራጭ ምላሾችን አክብቡ			ዝለል
201	ከታችስለተዘረዘሩት		አዎ	አይ	

	የእርግዝናመከላከያመንገዶች ሰምተሽ ታውቂያለሽ? **ለጥያቄ ቁጥር 201 መልስዎ በአጠቃላይ አላውቅም ከሆነ ወደ ክፍል 3 ዝለሉ				
		በአፍ የሚዋጥ ኪኒን(01)		→	203ን ዝለል
		ድንገተኛ የእርግዝናመከላከያ እንክብል(02)		→	204ን ዝለል
		መርፌ(03)		→	205ን ዝለል
		ኢንፕላኖን(04)		→	206ን ዝለል
		ሉፕ(05)		→	207ን ዝለል
		የወንዶች ኮንዶም(06)			
		የሴቶች ኮንዶም(07)			
		ወንዶችን በኦፕራስዮን ማምከን (8)			
		ሴቶችን በኦፕራስዮን ማምከን(09)			
		ሌላ ካለይግለጽ/ጪ(10)			
202	ለጥያቄ ቁጥር 201 መልስዎ አዎ ከሆነ ስለሚያውቁት የእርግዝና መከላከያ መንገዶች ከየት ሰሙ? **ከ1 በላይ መልስ ይቻላል	1.ከጤና ባለሙያ 2.ከጓደኛ 3.ከቤተሰብ 4.ከማህበራዊ ሚዲያ(ሬዲዮ፣ቴሌቭዝን) 5.ከትምህርት ቤት 6.ሌላ ካለይግለጽ/ጪ			
203	በአፍ የሚዋጥ የወሊድ መከላከያ እንክብል አላስፈላጊ እርግዝናን ለመከላከል እንዴት ነው የሚወሰደው? **ምርጫዎቹን ለተጠያቂው አያንብቡ	1.በየቀኑአንድ የወሊድ መከላከያ እንክብል በተመሳሳይ ሰዓት መወሰድ 2.በሁለት ቀን አንዴ አንድ የወሊድ መከላከያ እንክብል መወሰድ 3.ከግብረስጋ ግንኙነት ቀጥሎ አንድ የወሊድ መከላከያ እንክብል መወሰድ 4.አላውቅም 5.ሌላ			
204	ድንገተኛ የወሊድ መቆጣጠሪያ ኪኒን (እንክብል)ጥንቃቄ ከጎደለው የግብረ ስጋ ግንኙነት በኋላ በምን ያህል ሰዓት/ቀን ውስጥ መወሰድ አለበት? **ምርጫዎቹን ለተጠያቂው አያንብቡ	ለ-------- ሰዓት አላውቅም			
205	በክንድ ላይ በመርፌ የሚሰጥ የእርግዝና መከላከያ ለምን ያህል ጊዜ እርግዝናን ለመከላከል ይጠቅማል?ምርጫዎቹን ለተጠያቂው አያንብቡ	ለ----------ወር አላውቅም			
206	በክንድ ስር የሚቀበር የእርግዝና መከላከያ(ኢንፕላኖን) ለምን ያህል ጊዜ እርግዝናን ለመከላከል ይጠቅማል? **ምርጫዎቹን ለተጠያቂው አያንብቡ	ለ----------አመት አላውቅም			

207	በማህጸን ውስጥ የሚቀመጥ የእርግዝና መከላከያ(ሉፕ) ለምን ያህል ጊዜ እርግዝናን ለመከላከል ይጠቅማል? **ምርጫዎቹን ለተጠያቂው አያንብቡ	ለ----------አመት አላውቅም	
208	አንዲት/ድ ወጣት ማንኛውንም አይነት እርግዝና መከላከያ መጠቀም ብትፈልግ ልታገኝ የምትችልበትን ቦታ ታውቂያለሽ?	1.አዎ 0.አላውቅም →	አይ ከሆን ወደ210 ዝለሉ
209	ለጥያቄ ቁጥር 208 መልስዎ አዎ ከሆነ የምታውቂውን የእርግዝና መከላከያ ምንጮችን ጥቀስ/ሽ **ምርጫዎቹን ለተጠያቂው አያንብቡ (ከአንድ በላይ መልስ ይቻላል)	1.የመንግስት ሆስፒታል 2.የመንግስት ጤና ጣቢያ 3.የመንግስት ጤና ኬላ 4.መንግሥታዊ ካልሆኑ ጤና ደርጅቶች 5.የወጣቶች ማእከል 6.የመንግስት መድሃኒት መደብር 7.የግል ሆስፒታል 8.የግል ክሊኒክዎች 9.የግል መድሃኒት መደብር 10.ሌላ	
210	የእርግዝናመከላከያ ለወጣቶች የሚሰጠው ጥቅም አለው?	1.አዎ 0.አይ →	መጠይቁ ንያጠናቋ
211	የቤተሰብ እቅድ አገልግሎትን በመጠቀም የሚገኘው ጥቅም ምንድነው?(ከአንድ በላይ መልስ መስጠት ይቻላል) **ምርጫዎቹን ለተጠያቂው አያንብቡ	1.ያልታቀደና ያልተፈለገ እርግዝናን ለመከላከል 2.የወሊድን መጠን ለመቆጣጠር 3.የአባላዘር በሽታን እና ኤች-አይቪ ኤድስን ለመከላከል 4.አላውቅም 5.ሌላ	

ክፍል 3፦ የወሊድ መቆጣጠሪያን በተመለከተ በቡታጅራ ከተማ የሚገኙ ወጣቶችን አመለካከትን ለመዳሰስ የሚደረግ ቃለ መጠይቅ። ይህ ቃለ መጠይቅ ስለ ወሊድ መቆጣጠሪያ ያሎትን አመለካከት የሚዳስሰው ነው::

ተ.ቁ	ጥያቄዎች	አማራጭ ምላሾችን አክብቡ	ዝለል
301	ስለ እርግዝና መከላከያ መንገዶች የበለጠ መረዳት ትፈልጋለህ/ሽ?	1.አዎ 0.አይ	
302	ከጓደኞችህ ጋር ሰለ እርግዝና መከላከያዎች አውርተህ/ሽታውቃለህ/ሽ?	1.አዎ 0.አይ	
303	የእርግዝናመከላከያ መንገዶችን የመጠቀም ሃላፊነት ያለበት ማን ይመስልሻል?	1.ሴት 2.ወንድ 3.ሁለቱም	
304	የእርግዝና መከላከያ ዘዴዎችለጤና	1.በጣም አልስማማም	

	ጎጂ ናቸው	2.አልስማማም 3. ስሜቴ አለ.ታዊም አውንታዊም አይደለም 4.እስማማለው 5.በጣም እስማማለው	
305	የእርግዝና መከላከያ ዘዴዎች አንዳንዴ ሰዎች የሚሉትን ያህል ጠቃሚ አይደሉም	1.በጣም አልስማማም 2.አልስማማም 3. ስሜቴ አለ.ታዊም አውንታዊም አይደለም 4.እስማማለው 5.በጣም እስማማለው	
306	.ሁለት ሰዎች የግብረ ስጋ ግንኙነት ካደረጉና ልጅ ለመውለድ ዝግጁ ካልሆኑ የወሊድ መከላከያ መጠቀም አስፈላጊ ነው	1.በጣም አልስማማም 2.አልስማማም 3. ስሜቴ አለ.ታዊም አውንታዊም አይደለም 4.እስማማለው 5.በጣም እስማማለው	
307	ተማሪዎች የግብረሥጋ ግንኙነት ቢያደርጉም የእርግዝና መከላከያ መጠቀም የለባቸውም	1.በጣም አልስማማም 2.አልስማማም 3. ስሜቴ አለ.ታዊም አውንታዊም አይደለም 4.እስማማለው 5.በጣም እስማማለው	
308	ያላገቡ ወጣቶች ጾታዊ ግንኙነት ከጀመሩ የእርግዝና መከላከያ መጠቀም አለባቸው ብለው ያምናሉ?	1.በጣም አልስማማም 2.አልስማማም 3. ስሜቴ አለ.ታዊም አውንታዊም አይደለም 4.እስማማለው 5.በጣም እስማማለው	
309	የእርግዝና መከላከያ ለወጣቶች ጥቅም አለው ብለው ያምናሉ?	1.በጣም አልስማማም 2.አልስማማም 3. ስሜቴ አለ.ታዊም አውንታዊም አይደለም 4.እስማማለው 5.በጣም እስማማለው	
310	የእርግዝና መከላከያ ለወጣቶች ጉዳት አለው ብለው ያምናሉ?	1.በጣም አልስማማም 2.አልስማማም 3. ስሜቴ አለ.ታዊም አውንታዊም አይደለም 4.እስማማለው 5.በጣም እስማማለው	

ክፍል 4 ፦ የስነተዋልዶ ታሪክን እና የወሊድ መቆጣጠሪያን በተመለከተ በቡታጅራ ከተማ ለሚገኙ ወጣቶች የሚደረግ ቃለ መጠይቅ።

ይህ ቃለ መጠይቅ የሚዳስሰው ስለ ስነ ተዋልዶ ታሪክን እና የወሊድ መቆጣጠሪያን ነው። አሁንም ላሳስብዎ የምወደው ሚሰጡን መረጃ በሚስጥር እንደሚያዝ ና ለሌላ ሠው ተላልፎ የማይሰጥ መሆኑን ነው። በቃለ መጠይቅ ወቅት ያልገባዎት ወይም ግልፅ ያልሆነ ነገር ካለ በግልፅ መናገር ይችላሉ።

ተ.ቁ	ጥያቄዎች	አማራጭ ምላሾችን አክብቡ	ዝለል
401	ስለ እርግዝና መከላከያ	1.አዎ	**መልስዎ አይ**

	ከቤተሰብ ጋር በግልፅ ውይይት አድርገሽ ታውቂያለሽ?	0.አይ ⟶	**ከሆነ ወደ ጥያቄ ቁጥር403ዝለሉ**
402	ለጥያቄ ቁጥር401 መልስዎ አዎ ከሆነ ከማን ጋር ውይይት ያደርጋሉ?	1.ከእናቴ ጋር 2.ከአባቴ ጋር 3.ሌላ	
403	የግብረስጋግንኙነት አድርገሽ ታውቂያለሽ?	1.አዎ 0.አይ ⟶	መልስዎ አይ ከሆነ ወደ 415 ዝለሉ
404	ለመጀመሪያ ጊዜ የግብረስጋግንኙነት ስታደርግ/ጊ ዕድሜህ/ሽ ስንት ነበር?	ዕድሜ ---------- አላስታውስም---------2	
405	አንቺወይምአጋርሽ ለመጀመሪያ ጊዜ የግብረስጋግንኙነት ስታደርጉ የእርግዝናመከላከያ ተጠቅማችሁነበር?	አዎ……..1 አይ…….....2 ⟶	**መልስዎ አይ ከሆነ ወደ ጥያቄ ቁጥር408ዝለሉ**
406	አንቺወይምአጋርሽ ለመጀመሪያ ጊዜ የግብረስጋግንኙነት ስታደርጉ የተጠቀማችሁት መከላከያ ምን ነበር? **ምርጫዎቹን ለተጠያቂው አያንብቡ	1.ኪኒን 2.ኮንዶም 3.በማህፀን ውስጥ የሚቀመጥ ሉፕ 4.በክንድ ውስጥ የሚቀበር 5.መርፌ 6.ድንገተኛ የወሊድ መከላከያ 7.የወንድ ዘር ፈሳሽ ውጭ በማፍሰስ 8.ሌላ	
407	ለመጀመሪያ ጊዜ የተጠቀምሽውን መከላከያ ከየት አገኘሽው?	1.የመንግስት ሆስፒታል 2.የመንግስት ጤና ጣቢያ 3.የመንግስት ጤና ኬላ 4.መንግሥታዊ ካልሆኑ ጤና ደርጅቶች 5.የወጣቶች ማእከል 6.የመንግስት መድሃኒት መደብር 7.የግል ሆስፒታል 8.የግል ክሊኒክሎች 9.የግል መድሃኒት መደብር 10.ሌላ	ተጠያቂዋ በህይወትዋ አንድ ጊዜ ብቻ ከሆነ ግንኙነት ያደረገችው ወደ 412 ዝለል
408	ለመጨረሻ ጊዜ የግብረሥጋ ግንኙነት የፈጸምሽው መቼ ነበር? **ከአመት በታች ከሆነ በቀን፣ በሳምንት፣ ወይም ወራት መመዝገብ አለበት።። **ከአመት በላይ ከሆነ በአመታት መመዝገብ አለበት።።)	1.ከቀናት በፊት 2.ከሳምንታት በፊት 3.ከወር በፊት 4.ከአመት በፊት	

409	አንቺወይምአጋርሽ ለመጨረሻ ጊዜ የግብረሥጋ ግንኙነት ስታደርጉ የእርግዝና መከላከያ ተጠቅማችሁ ነበር?	1.አዎ 0.አይ ⟶	መልስዎ አይ ከሆነ ወደ 418ዝለሉ
410	ለጥያቄ ቁጥር 409 መልስሽ አዎ ከሆነ የተጠቀምሽው የእርግዝና መከላከያ ምን ነበር?	1.ኪኒን 2.ኮንዶም 3.በማህፀን ውስጥ የሚቀመጥ ሉፕ 4.በክንድ ውስጥ የሚቀበር 5.መርፌ 6.ድንገተኛ የወሊድ መከላከያ 7.የወንድ ዘር ፈሳሽ ውጭ በማፍሰስ 8.ሌላ	
411	ለመጨረሻ ጊዜ የተጠቀምከውን መከላከያ ከየት አገኘክ/ሽው?	1.የመንግስት ሆስፒታል 2.የመንግስት ጤና ጣቢያ 3.የመንግስት ጤና ኬላ 4.መንግሥታዊ ካልሆኑ ጤና ደርጅቶች 5.የወጣቶች ማእከል 6.የመንግስት መድሃኒት መደብር 7.የግል ሆስፒታል 8.የግል ክሊኒክዎች 9.የግል መድሃኒት መደብር 10.ሌላ	
412	ለመጨረሻ ጊዜ የተጠቀምከውን መከላከያ የገዛህበትን/ያገኘህበትን ቦታ የመረጥክበት ምክንያት ምን ነበር? **ከ1 በላይ መልስ መስጠት ይቻላል	1.ምዝገባ ስለሌለው 2.የማዘግ ወረቀት ስለማይጠይቁ 3.ፈጣን አገልግሎት ስለሚሰጥ 4.ባለሙያዎቹ በጥሩሁኔታስለሚያስተናግዱ 5.ቅርብ ስለሆነ 6.ዋጋው ርካሽ ስለሆነ 7.ነጻ ስለሆነ 8.ሌላ 8	
413	ለመጨረሻ ጊዜ የተጠቀምከውን/ሽውን መከላከያ ለምን መረጥክ/ሽ?	1.ለሚስጥራዊ አጠቃቀም ምቹ ስለሆነ 2.ለማግኘት ቀላል ስለሆነ 3.ዋጋው ርካሽ ስለሆነ 4.በነጻ ስለሚገኝ 5.የተሻለ ዕውቀት ስላለኝ 6.ሌላ	
414	ለመጨረሻ ጊዜ የተጠቀምሽ/ከውን መከላከያ የተጠቀምከው ለምን አላማ ነበር?	1.ያልተፈለገ እርግዝናን ለመከላከል 2.የአባላዘር በሽታዎችን ለመከላከል 3.ለህክምና 4.ሌላ	
415	በማንኛውም አይነት ምክንያት የእርግዝና መከላከያ ዘዴዎችን ተጠቅመህ/ሽ ታውቂያለህ/ሽ?	1.አዎ 0.አይ ⟶	መልስዎ አይ ከሆነ ወደ 417 ዝለሉ

416	ለጥያቄ ቁጥር 415 መልስዎ አዎ ከሆነ የእርግዝና መከላከያ ለምን አላማ ነበር የተጠቀምሽው?**ከ1 በላይ መልስ መስጠት ይቻላል	1.ያልተፈለገ እርግዝናን ለመከላከል 2.የአባላዘር በሽታዎችን ለመከላከል 3.ለህክምና 4.ከተጠቀሱት ውጪ ከሆነ /ግለጽ	
417	ወደፊት እርግዝና መከላከያ ለመጠቀም እቅድ አለህ/ሽ?	1.አዎ 0.አይ	
418	እርግዝና መከላከያ ስትጠቀሚ ያጋጠመሽ ነገር ነበር? **ተጠቅመው ለሚውያውቁ እና አሁን በመጠቀም ላይ ላሉ፡፤ **ከ1 በላይ መልስ መስጠት ይቻላል	1.ስለ አጠቃቀሙ ባለማወቅ 2.አገልግሎቱን ለማግኘት ረዥም ሠአት መጠበቅ ነበረብኝ 3.ቤተሰቦቼ አልተስማሙም ነበር 4ፍቅረኛዬ አልተስማሙም ነበር 5.አገልግሎቱን የት ማገኘት እንደምችል አላወኩም 6.የጤና ባለሙያዎችን መጥፎ አመለካከት በመፍራት 7.የጎንዮሽ ጉዳቱን በመፍራት 8.መግዛት ስለምፈራ 9.ከተጠቀሰው ውጭ ከሆነ ግለጽ	
419	የእርግዝና መከላከያ መንገዶችን መጠቀም ያልፈለጉበት/ሽበት ምክንያት ምንድን ነው? **እርግዝና መከላከያ ተጠቅመው ለማያውቁ ብቻ **ከ1 በላይ መልስ መስጠት ይቻላል	1.ስለ መከላከያው ባማወቁ 2.በሃይማኖቱ ስለማይፈቀድ 3.የጎንዮሽ ጉዳቱን በመፍራት 4.ወላጆቼ እና ጓደኞቼ እንዳያውቁብኝ በመፍራት 5.ፍቅረኛዩ ባለመስማማቱ/ት 6.ከየት እንደሚገኝ ስለማላውቅ 7.መግዛት ስለምፈራ 8.ወጣቶች መጠቀም የለባቸውም ብዩ ስለማስብ 9.የጤና ባለሙያዎችን መጥፎ አመለካከት በመፍራት 10. የግብረስጋግንኙነት አድርጌ ስለማላውቅ 11.የምፈልገው መከላከያ አይነት ስላልሆነ 12.የምፈልገው ጤና ድርጅት ሩቅ ስለሆነ 13.ልጅ መውለድ ስለምፈልግ 14.ከተጠቀሰው ውጭ ከሆነ ግለጽ	

ክፍል 5፦ ማህበራዊ ፤ እኮኖሚያዊ እና ስነ ህዝብ የሚዳስ በቡታጅራ ከተማ ለሚገኙ የወጣቶቹ ቤተሰብ የሚደረግ ቃለ መጠይቅ።

አሁን ስለ ማህበራዊ ፣ እኮኖሚያዊ እና ስነ ህዝባዊ ሚዳስስ መጠይቅ ልጠይቆት ነው። ይህም ከወሊድ መቆጣጠሪያ ጋር ያለውን ግንኙነት ለመረዳት ይረዳል። የሚሠጡን መረጃ በሚስጥር እንደሚያዝ ላረጋግጥልዎ እወዳለው።

ተ.ቁ	ጥያቄዎች	አማራጭ ምላሾችን አክብቡ	ዝለል
501	የተሳታፊዋ/ው ያታ?	1.ወንድ 2.ሴት	
502	መደበኛ ትምህርት ተምረሽ ታውቂያለሽ	1.አዎ 2.አይ →	መልሶ አይ ከሆነ ወደ 504 ዝለሉ
503	የእርሶ የትምህርት ደረጃ ቢገልፁልን	1.ማንበብ እና መጻፍ የሚችል 2.አንደኛ ደረጃ ያጠናቀቀ (1-8 ክፍል). 3.ሁለተኛ ደረጃ ያጠናቀቀ (9-12 ክፍል) 4.ቴክኒክ ና ሙያ (10+1፣10+2፣10+3) 5.ከፍተኛየትምህርትደረጃያጠናቀቀ	
504	የጋብቻ ሁኔታ	1.ያላገባች 2.ያገባ/ች 3.የተፋታ/ች/ የተለያዩ 4.የትዳር አጋር የሞተበት/ባት	
505	የምን ሀይማኖት ተከታይ ኖት?	1 ኦርቶዶክስ ተዋህዶ 2. ካቶሊክ 3. ፕሮቴስታንት 4. እስልምና 5. ባህላዊ 6. ሌላ(ግለጽ	
506	በአሁኑ ሰዓት ስራህ/ሽ ምንድን ነው?	1.የመንግስት ሰራተኛ 2.የግል ስራ ሰራተኛ 3.የቀን ሰራተኛ 4.የቤት እመቤት 5.ነጋዴ 6.ገበሬ 7.ሌላ	

ክፍል 6፡-የቤተሰብን የሀብት ደረጃ የተመለከቱ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	አማራጭ ምላሾችን አክብቡ	ዝለል
601	ቤተሰቡ የመጠጥ ውሀ በዋነኛነት የሚጠቀመው ከየት ነው ? **ከአንድ በላይ መልስ መስጠት አይቻልም	1.የቧንቧ ውሀ 2.የህዝብ ቧንቧ ውሀ 3.ከጉድጓድ 4.የተጠበቀ የውሃ ማጠራቀሚያ 5.ያልተጠበቀ የውሃ ማጠራቀሚያ 6.የተጠበቀ የምንጭ ውሀ 7.ያልተጠበቀ የምንጭ ውሀ 8.ወንዝ፣ ኩሬ፣ጎርፍ፣ግድብ 9.ሌላ (ይገለጽ) _____	

602	የቤተሰቡ አባላት በአብዛኛው ጊዜ የሚጠቀሙበት መፀዳጃ ቤት ምን አይነት ነው? **ያለውን መፀዳጃ ቤት በዓይን ተመልክቶ መመዝገብ	1የሚሰራ በውሃ የሚወርድ መፀዳጃ ቤት 2.የማይሰራ በውሃ የሚወርድ መፀዳጃ 3.አየር ማስወጫ/ማስተንፈሻ ትቦ ያለው መፀዳጃ ቤት 4.በሲሚንቶ የተሰራ መፀዳጃ ቤት 5.ክዳን ያለው የጉድጓድ መፀዳጃ ቤት 6.ክዳን የሌለው የጉድጓድ መፀዳጃ ቤት 7.መፀዳጃ የለም/ሜዳላይ 8.ሌላ (ይገለጽ)	
603	የምትጠቀሙት መፀዳጃ ቤት የጋራ ነው	1.አዎ 0.አይ	
604	በቤት ውስጥ ስንት የመኝታ ክፍል አለ?	----------	
605	ለምግብ ማብሰያ የሚጠቀሙት ምንድን ነው ?ከ 1 በላይ መልስ ይቻላል	1.ኤሌክትሪክ 2.እንጨት 3.ቡታጋዝ 4.የእንስሳት ፍግ(ኩበት) 5.ከሰል 6.ሌላ(ይገለጽ	
606	ከነዚህ ውስጥ በቤትዎ ውስጥ የትኛው ይገኛል ? **አንድ በአንድ ጠይቅ **ከ 1 በላይ መልስ ይቻላል	1.መብራት 2.ሬዲዮ 3.ቴሌቪዥን 4.ኮምፒውተር 5.የማይንቀሳቀስ የቤትስልክ 6.ፍሪጅ/ማቀዝቀዣ 7.የኤሌትሪክ ምጣድ 8.ጠረጴዛ 9.ወንበር 10.አልጋ ከነፍራሽ (ጥጥ፣እስፖንጅ፣ እስፕሪንግ) 11.ኩራዝ	
607	ከቤተሰብ አባል ውስጥ እነዚህ ያሉት አለ? **ከ 1 በላይ መልስ ይቻላል	1.ሰዓት 2.ሞባይል 3.ብስክሌት 4.ሞተር ሳይክል 5.ጋሪ 6.ባጃጅ 7. መኪና	
608	የቤት ውስጥ መሬት/ወለል ከምንድነው የተሰራው ? **ያለውን በዓይን ተመልክቶ መመዝገብ	1.አፈር/አሸዋ 2.እበት የተለቀለቀ 3.ወፍራም እንጨት 4.ዘንባባ/ቀርከሀ 5.ሴራሚክ 6.ሲሚንቶ	

		7.ሌላ(ይገለጽ)_____	
609	የቤት ውስጥ ጣሪያ ከምንድነው የተሰራው? **ያለውን በዓይን ተመልክቶ መመዝገብ)	1.የሳር/ገለባ 2.ክቅጠል፣ሞድቃ፣የከብትአዛባ 3.ጣውላ፣ካርቶን- 4.ቆርቆሮ፣ብረት፣ሲሚንቶ፣ሴራሚክ 5.ሌላ(ይገለጽ	
610	የቤት ውስጥ ግድግዳ ከምንድነው የተሰራው? **ያለውን በዓይን ተመልክቶ መመዝገብ	1.ግድግዳ የለውም 2.የቀርከሀ/ሳጠራ ግድግዳ 3.እንጨት ከሞድቃ ጋር 4.ድንጋይ በሞድቃ 5.ኮምፕልሳቶ/ቸፑድ 6.ሲሚንቶ፣ጡብ፣ድንጋይ፣በሲሚንቶ፣ በጠጠር 7.ሌላ(ይገለጽ	

ክፍል 7፦ የወሊድ መቆጣጠሪያን በተመለከተ በቡታጅራ ከተማ የሚገኙ የወጣቶችን ቤተሰብ እውቀት ለመዳሰስ የሚደረግ ቃለ መጠይቅ፡፡

ይህ ቃለ መጠይቅ የሚዳስሰው ስለ ወሊድ መቆጣጠሪያ ነው። ስለዚህ ስለ ወሊድ መቆጣጠሪያ ያሎትን ዕውቀት ለመለካት ይረዳል።በቃለ መጠይቅ ወቅት ያልገባዎት ወይም ግልፅ ያልሆነ ነገር ካለ በግልጸ መናገር ይችላሉ።

ተ.ቁ	ጥያቄዎች	አማራጭ ምላሾችን አክብቡ			ዝለል
701	ከታችስለተዘረዘሩት የእርግዝናመከላከያመንገዶች ሰምተሽ ታውቂያለሽ? **ለጥያቄ ቁጥር 701 መልስዎ በአጠቃላይ አላውቅም ከሆነ ወደ ክፍል 8ዝለሉ		አዎ	አይ	
		በአፍ የሚዋጥ ኪኒን(01)			→703ን ዝለል
		ድንገተኛ የእርግዝናመከላከያ እንክብል(02)			→704ን ዝለል
		መርፌ(03)			→705ን ዝለል
		ኢንፕላኖን(04)			→706ን ዝለል
		ሉፕ(05)			→707ን ዝለል
		የወንዶች ኮንዶም(06)			
		የሴቶች ኮንዶም(07)			
		ወንዶችን በኦፕራስዮን ማምከን (8)			
		ሴቶችን በኦፕራስዮን ማምከን(09)			
		ሌላ ካለይግለጽ/ጨ(10)			

702	ለጥያቄ ቁጥር 201 መልስዎ አዎ ከሆነ ስለሚያውቁት የእርግዝና መከላከያ መንገዶች ከየት ሰሙ? **ከ1 በላይ መልስ ይቻላል	1.ከጤና ባለሙያ 2.ከጓደኛ 3.ከቤተሰብ 4.ከማህበራዊ ሚዲያ(ራዲዮ፣ቴሌቭዝን) 5.ከትምህርት ቤት 6.ሌላ ካለይግለጽ/ጪ	
703	በአፍ የሚዋጥ የወሊድ መከላከያ እንክብል አላስፈላጊ እርግዝናን ለመከላከል እንዴት ነው የሚወሰደው? **ምርጫዎቹን ለተጠያቂው አያንብቡ	1.በየቀኑአንድ የወሊድ መከላከያ እንክብል በተመሳሳይ ሰዓት መወሰድ 2.በሁለት ቀን አንዴ አንድ የወሊድ መከላከያ እንክብል መወሰድ 3.ከግብረስጋ ግንኙነት ቀጥሎ አንድ የወሊድ መከላከያ እንክብል መወሰድ 4.አላውቅም 5.ሌላ	
704	ድንገተኛ የወሊድ መቆጣጠሪያ ኪኒን (እንክብል)ጥንቃቄ ከጎደለው የግብረ ስጋ ግንኙነት በኋላ በምን ያህል ሰዓት/ቀን ውስጥ መወሰድ አለበት? **ምርጫዎቹን ለተጠያቂው አያንብቡ	1.በ72 ሰዓት ውስጥ(በ3ቀንውስጥ) 2.ከ 72 ሰዓት በኋላ(ከ3ቀን በኋላ) 3.በ120 ሰዓት ውስጥ(በ5ቀንውስጥ) 4.አላውቅም 5.ሌላ	
705	በክንድ ላይ በመርፌ የሚሰጥ የእርግዝና መከላከያ ለምን ያህል ጊዜ እርግዝናን ለመከላከል ይጠቅማል?ምርጫዎቹን ለተጠያቂው አያንብቡ	1.ለ3ወር 2.በ6 ወር 3.ለ1አመት 4.አላውቅም 5.ሌላ	
706	በክንድ ስር የሚቀበር የእርግዝና መከላከያ(ኢንፕላኖን) ለምን ያህል ጊዜ እርግዝናን ለመከላከል ይጠቅማል? **ምርጫዎቹን ለተጠያቂው አያንብቡ	1.ለ1አመት 2.ለ2አመት 3.ለ3አመት 4.አላውቅም 5.ሌላ	
707	በማህጸን ውስጥ የሚቀመጥ የእርግዝና መከላከያ(ሉፕ) ለምን ያህል ጊዜ እርግዝናን ለመከላከል ይጠቅማል? **ምርጫዎቹን ለተጠያቂው አያንብቡ	1.ለ5አመት 2.ለ7አመት 3.ለ12አመት 4.አላውቅም 5.ሌላ	
708	ወጣቶች እርግዝና መከላከያ መጠቀም ቢፈልጉ ሊያገኙ የሚችሉበትን ቦታ ታውቂያለ/ሽ?	1.አዎ 0.አላውቅም ⟶	አይ ከሆን ወደ710 ዝለሉ

709	ለጥያቄ ቁጥር 708 መልስዎ አዎ ከሆነ ወጣቶች እርግዝና መከላከያ ከየት ሊያገኙ ይችላሉ **ከ1 በላይ መልስ መስጠት ይቻላል።	1.የመንግስት ሆስፒታል 2.የመንግስት ጤና ጣቢያ 3.የመንግስት ጤና ኬላ 4.መንግሥታዊ ካልሆኑ ጤና ደርጅቶች 5.የወጣቶች ማእከል 6.የመንግስት መድሃኒት መደብር 7.የግል ሆስፒታል 8.የግል ክሊኒክዎች 9.የግል መድሃኒት መደብር 10.ሌላ	
710	የእርግዝናመከላከያ ለወጣቶች የሚሰጠው ጥቅም አለው?	1.አዎ 0.አይ ⟶	ወደ ክፍል 8 ዝለሉ
711	ለጥያቄ ቁጥር 710መልስዎ አዎ ከሆነ ወጣቶች የቤተሰብ እቅድ አገልግሎትን በመጠቀም የሚገኙት ጥቅም ምንድነው? **ከአንድ በላይ መልስ ይቻላል **ምርጫዎቹን ለተጠያቂው አያንብቡ	1.ያልታቀደ እና ያልተፈለገ እርግዝናን ለመከላከል 2.የአባላዘር በሽታን እና እች-አይቪ እድስን ለመከላከል 3.ለመድሃኒትነት 4.የወሊድን መጠን ለመቆጣጠር 5.ሌላ	

ክፍል 8 ፦ የስነተዋልዶ ታሪክን እና የወሊድ መቆጣጠሪያን በተመለከተ በቡታጅራ ከተማ ለሚገኙ ለወጣቶች ቤተሰብ የሚደረግ ቃለ መጠይቅ።

ይህ ቃለ መጠይቅ የሚዳስሰው ስለ ስነ ተዋልዶ ታሪክን እና የወሊድ መቆጣጠሪያን ነው። አሁንም ላሳስብዎ የምወደው ሚሰጡን መረጃ በሚስጥር እንደሚያዝ ና ለሌላ ሠው ተላልፎ የማይሰጥ መሆኑን ነው። በቃለ መጠይቅ ወቅት ያልገባዎት ወይም ግልፅ ያልሆነ ነገር ካለ በግልፅ መናገር ይችላሉ።

ተ.ቁ	ጥያቄዎች	አማራጭ ምላሾችን አክብቡ	ዝለል
801	ለመጀመሪያ ጊዜ ስታገቢ እድሜሽ ስንት ነበር?	----------አመት 1.አላስታውስም	
802	ለመጀመሪያ ጊዜ የግብረስጋግንኙነት ስታደርግ/ጊ ዕድሜህ/ሽ ስንት ነበር?	እድሜህ/ሽ---------- 1.አላስታውስም	
803	እርግዝናን ለማስቀረት ወይም ለማዘግየት አሁን አየተጠቀሙት ያሉት የእርግዝና መከላከያ ዘዴ አለ?	1.አዎ 0.የለም ⟶	መልስዎ የለም ከሆነ ወደ ተ.ቁ 807 ዝለሉ
804	አሁን እየተጠቀሙ ያሉት የእርግዝና መከላከያ ዘዴ የትኛው ነው?	1.ኪኒን 2.ኮንዶም 3.በማህፀን ውስጥ የሚቀመጥ ሉፕ 4.በክንድ ውስጥ የሚቀበር 5.መርፌ	

		6.ድንገተኛ የወሊድ መከላከያ 7.የወንድ ዘር ፈሳሽ ውጭ በማፍሰስ 8.ሌላ	
805	ይሄንን ዘዴ እንዲጠቀሙ የመረጠሎት ማነው?	1.እኔ ራሴ 2.ባለቤቴ 3.ጓደኛ 4.ጎረቤቴ 5.የጤና ባለሞያው 6.ሌላ.	
806	ይህንን የእርግዝና መከላከያ ከመምረጥዎ በፊት ከጤና ባለሞያው ጋር ተወያይታችሁ ነበር?	1.አዎ 0.አይ	
807	ከዚህ በፊት እርግዝናን ለማስቀረት ወይም ለማዘግየት የእርግዝና መከላከያ ዘዴ ተጠቅመው ያውቃሉ?	1.አዎ 0.የለም	
808	ለጥያቄ ቁጥር 807 መልስዎ አዎ ከሆነ ከዚህ በፊት ተጠቅመው የሚያውቁት የእርግዝና መከላከያ ዘዴ የትኛው ነው?	1.ኪኒን 2.ኮንዶም 3.በማህፀን ውስጥ የሚቀመጥ ሉፕ 4.በክንድ ውስጥ የሚቀበር(ኢንፕላኖን) 5.መርፌ 6.ድንገተኛ የወሊድ መከላከያ 7.የወንድ ዘር ፈሳሽ ውጭ በማፍሰስ 8.ሌላ	

መጠይቁ ተጠናቋል ፤ አመሰግናለው!!

Amaharic quesionnaries for qualitative study

ስለ ጥናቱ አጠቃላይ መረጃ

ስሜ ምልዕተ ብዙወርቅ ይባላል በአዲስ አበባ ዩኒቨርሲቲ ህክምና ፋካሊቲ በሚገኘው የህብረተሰብ ጤና ክፍል በድህረ ምረቃ ተማሪ ስሆን በአሁን ሰአት ጥናታዊ መረጃ እያካሄደኩ ነው::

አላማው: ዕድሜያቸው ከ15-19 በሆኑ ወጣቶችና ቤተሰብ ዘንድ ስለ ቤተሰብ እቅድ ግንዛቤ፣ አጠቃቀም እና አገልግሎቱን እንዳይጠቀሙ እንቅፋት/እክል ጉዳዮችን በተመለከተ ለማጥናት ሲሆን ይህም ጥናታዊ ጽሁፍ ፕሮግራም ለመቅረፅ እና አግባብ ያለው አጠቃቀም እንዲመጣ ያረጋል። አሁን ዕድሜያቸው ከ15-19 የሆኑ ያላገቡ ወጣቶች በዚህ ጥናት ከ 20-30 ደቂቃ የሚፈጅ ቃለ መጠይቅ እናደርጋለን ። እርስዎ በዚህ ጥናት ላይ እንዲሳተፉ የተመረጡት በተደጋጋሚ በተደረገ የአጋጣሚ የናሙና አወሳሰድ ስሌት መሰረት ለዚህ ጥናት አላማ ከተመረጡት ቤቶች በአንዱ ውስጥ ስለሚኖሩ ነው።

የጥናቱ ልዩ ጥቅም እና የጎን ጉዳት፡ ጥናቱ ተሰርቶ ካላቀ በኋላ ለፖሊሲ አውጪዎች እንዲሁም ለሚመለከታቸው ባለድር አካላት እንደግብዓት በመሆን ያገለግላል::በጥናቱ ላይ በመሳተፉ እርሶ

ላይ የሚደርስ ምንም ዓይነት ችግር የለም እንዲሁም ምንም ዓይነት የክፍያ ጠቀሜታም አይኖረውም። በጥናቱ በመሳተፍዎ በጥናቱ የሚሳተፉት የጥናቱን ዓላማ በመረዳት እና ሙለ ፍቃደኛ ከሆኑ ብቻ ነው።

የጥናቱ ተሳታፊዎች መብት: ይህን ዓላማ እውን ለማረግ እርሶ በፍቃደኝነት ላይ የተመሠረተ ትብብር እንዲያረጉልን በትህትና እጠይቃለሁ። በቃለ መጠይቁ ወቅት መመለስ የማይፈልጓቸው ጥያቄዎች ካሉ በግልፅ መናገር ይችላሉ።። የሚሰጡን መረጃ ለጥናቱ እጅግ ከፍተኛ የሆነ ጠቀሜታ ይኖረዋል። በቃለ መጠይቁ ወቅት የእርሶን ስምም ሆነ ማንነት ሊገልፅ የሚችል ነገር አይጻፍም። ለጥያቄዎቹ ሚሠጡት ምላሽ ያለእርሶ ፍቃድ ለሶስተኛ ወገን ተላልፎ አይሰጥም። እርሶ የሚሰጡት መረጃ ሙሉ በሙሉ በሚስጥር እንደሚያዝ ላረጋግጥልዎ እወዳለው።

ጥናቱ በተመለከተ ተጨማሪ መረጃ ቢያስፈልግዎ ተመራማሪዋን ወ/ሪት **ምልእቱ ብዙወርቅን** በስልክ ቁጥር +251-920-140076 ማግኘት ይችላሉ።።

የወሊድ መቆጣጠሪያን በተመለከተ በቡታጅራ ከተማ የሚገኙ የወጣቶቸን ቤተሰብ አመለካከትን ለመዳሰስ የሚደረግ ቃለ መጠይቅ።

1. ወጣቶች ያልተፈለገ እርግዝናን ለመከላከል ምን ማድረግ አለባቸው?

2. የወሊድ መቆጣጠሪያ ስለሚጠቀሙ ወጣቶች ምን ይላሉ?

3. ያላገቡ ወጣቶቸ የእርግዝና መከላከያ መጠቀም አለባቸው ብለው ያምናሉ?

4. ልጅዎ ጸታዊ ግንኙነት ከጀመረ/ች የእርግዝና መከላከያ እንድትጠቀም ይፈቅዳሉ?

5. ወጣቶች ስለ ወሊድ መቆጣጠሪያ ከጉደኞቻቸቸው ና ከቤተሰቦቻቸው ጋር ቢወያዩ ምን ይመስሎታል ? እንዴት መወያየት አለባቸው

6.በአካባቢያችሁ ስለ ወሊድ መቆጣጠሪያ ከወጣቶች ጋር ትወያያላችሁ ? ተወያይቶ የሚያውቅ አለ? እንዴት ልትወያዩ ቻላችሁ ምን ምን ተወያያችሁ ?

7. በአካባቢያችሁ ያሉ ሰዎች/ቤተሰቦች ወጣቶች ወሊድ መቆጣጠሪያ እንደሚጠቀሙ ቢያውቁ ምን የሚያደርጉ/የሚሰማቸው ይመስላችቸቸኃል ?

8. ልጅሽ ወሊድ መቆጣጠሪያ እንድትጠቀም የምትፈቅጅው እንዴት አይነት ባለ ሁኔታ ውስጥ ነው?