ADDIS ABABA UNIVERSTY

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THESIS TITLE

SOCIAL NETWORKS INTERACTION AND FERTILITY ASPIRATIONS AMONG YOUTH IN BISHOFTU TOWN, EAST SHEWA ZONE, OROMIYA, REGION, OF ETHIOPIA: 2022

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July, 2022

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Name of Advisor Tariku Dejene (Associate Professor)

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Name of investigator	Alemayehu Bedassa
Name of Advisor	Tariku Dejene (Associate Professor)
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This Thesis by Alemayehu Bedassa Gurmu was presented by the Board of examiners as satisfying thesis requirements for the degree of science population study (Reproductive Health).

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ACRONYMS AND ABBREVIATION

CSA	Central Static Agency
EDHS	Ethiopia Demographic and Health Servey
EMDHS	Ethiopia Mine Demographic and Health Servey
SDGs	Sustainable Development Goals
UNDP	United Nations Development Program
UN	United Nation

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ABSTRACT

Presented the result of multivariable liner regression, First is current age of youths, younger youths (ages 15-19) desired to get married at least three years earlier and those in the age group 20-24 desire to get married on average 2 and half years earlier (B= -2.459, P=0.000) than older youths (ages 25-29). Having social support decreases the desired age of marriage by 0.645 (P=0.020), as compared to those without social support. Presents the result of multivariable ordinal logistic regression analysis for determinants of the desired number of children. Protestant religion followers had a 4.665-time odds of having a higher desired number of children (OR=4.665 with a 95%CI: 1.030-21.125); than respondents of traditional religion followers. Respondents with limited family interaction had a higher odds of having a higher desired number of children (OR = 2.153 with a 95%CI: 1.032-4.490) than those with no family interaction. Respondents who have large number of siblings desire a higher number of children (OR= 1.138 with 95%CI: 1.015-1.276) than those with no siblings.

Keywords: Youth, Social support, Family social interaction, Fertility aspiration.

1. INTRODUCTION

1.1, Background of the study

The global fertility rate declined from 3.2 births per woman in 1990 to 2.5 in 2019. Over the same period, fertility levels also declined in Northern Africa and western Asia (from 4.4 to 2.9), in central and southern Asia (4.3 to 2.4), United Nations Department of Economic and Social Affairs, Population Division, (2020).

Fertility starts to decline in Africa while the rate of reduction very slowly and later compared to other regions. In sub-Saharan Africa the projected estimation to decrease from 6.0 to 4.0 live birth per woman in the region take 34 years. The majority of fertility decline occurs in seven sub-Saharan African countries like Chad, Ethiopia, Kenya, Somalia, and Uganda, United Nations Department of Economic and Social Affairs, Population Division, (2020). There are many challenges to decreasing fertility in sub-Saharan Africa, one of the reasons is women in the region need many children which made fertility would remain high, (Bogart, 2020).

Ethiopia has the highest number of Adolescents and youth, 28% of the estimated total population of 104 million, According to the Central Statistical Agency of [Ethiopia], (CSA, 2021), population projection. The fertility rate decreased in Ethiopia gradually, from 5.5 – 4.6 children per woman (from 2000 to 2016), Ethiopian Public Health Institute (EPHI) [Ethiopia] and ICF (2016). The age of first birth in Ethiopia increased and the median age of first birth is 18.7 years this imply most women aged 25-49 give birth before age of 19 years, which shows the gradual increase in time of first birth), Ethiopian Public Health Institute (EPHI) [Ethiopia] and ICF (2019).

Surveys done in different regions of the country findings indicate that more than 1 in 3 young women had married by age 22, and of these nearly half by age 18. In contrast, 7 percent of young men had married by age 18 and 2 percent had fathered a child by age 22. One in ten young women had given birth by age 18, the difference rising to 1 in 4 by age 22, (Woldehanna et al, 2018).

There have been several efforts by international and national organizations to improve adolescent and youth health in Ethiopia. At the beginning of 2016, the United Nations entered into Sustainable Development Goals (SDGs) (UNDP, 2016) which will be ended in 2030.

The third goal of sustainable development urges countries to by 2030, ensure universal access to sexual and reproductive healthcare services, including family planning, information and education, and the integration of reproductive health into national strategies and programs,(UNDP, 2016).

To achieve this goal Ethiopian government comes with commitments to improve the health and well-being of adolescents and the youth population. The National Youth Policy of Ethiopia classifies youth as those between the ages of 15-29 years, The National Youth Policy of Ethiopia, (2004). Women's age of first birth, space between consecutive births, and fecundity determine the number of children she has in her fertility period. In most countries, fertility declined, and the reason for this change is women's first birth age increased, and this is also important to improve the health and well-being of the mother and child, Ethiopian Public Health Institute (EPHI) [Ethiopia] and ICF (2016).

1.2, Statement of the problem

Oromiya has the third_ highest total fertility in the country (5.4), and 15.8 % of teenage birth occurs in the region, (Aynalem, 2017). There is empirical evidence on the determinants of fertility in the context of Oromiya, however, previous studies conducted have focused on individual-level factors associated with fertility (Tariku, Habtu, Samuel, 2019). Studying fertility aspiration from the perspective of social interaction is important to predict future fertility trends and regulate the youth fertility rate.

Social network interaction has an effect on youth's fertility aspirations. Social interaction has both positive and negative effects on fertility intention. The positive effect of social interaction is youths in the network share their beliefs and values which affect their fertility and overall health and well-being of youths in the networks. Youth in social networks share information on the importance of schooling, avoiding early sexual practice, marriage, and pregnancies. Youth social interaction is also a major source of sexual and reproductive health information.

Fertility intention is the most important determinant of actual fertility (barber, 2001). In a study done in developing countries, Individual ideas and fertility choices influence the fertility decision of the network group (David E., Canning, Gunther, Linzmeyer, 2008). When individuals are asked to estimate their future complete family size, tend to overestimate the number of children they will have in their whole reproductive career, nevertheless, their lifetime fertility intentions are a strong predictor of actual fertility, Studying child_ bearing intentions can provide deeper insight with respect to fertility trends, there are strong relationships between intentions and future fertility behavior, (Schoen et al, 1999).

In a study done in western Germany, an individual with dense social networks might discourage having children when perceiving that networks disadvantage having children, (Keim, Klärner, Bernardi, 2009). In England and Wales, Women's and Men's expectations of future fertility are studied to understand attitudes and beliefs regarding their future fertility intentions. Social interaction, and individual and household factors determine fertility rates, (Barrington, 2004).

In a study done in Germany, social mechanisms—such as social learning, social pressure, social cooperation, and the social exchange of resources—affect individuals' attitudes, beliefs, and norms regarding childbearing, and both opportunities and challenges of having or not having children determine the shape of their childbearing choices,(Bernardi & Klärner, 2014).

Sharing different individual beliefs and attitudes occurs in social interactions on desired age of marriage and desired number of children which influences individual knowledge, attitude, and practice. Youth fertility intention influences individual behavior which affects the overall health and wellbeing of youth and fertility decision-making.

In the Oromia region, both the total fertility rate and pregnancies among adolescent and youth is high. Most fertility research is qualitative and focuses on determinates of fertility. Other demographic research aims at explaining linking fertility outcomes with individuals' decision-making and childbearing intentions. This quantitative study will investigate the contextual correlates of social network interaction associated with youth's desired age of marriage and the number of children in Bishoftu town. By doing so the study will add new knowledge of how social network interaction influences youth fertility aspiration. Such knowledge is essential to inform policies and programs to regulate youth's fertility rate.

1.3, Research questions

Taking the objectives listed above into account, the leading research questions are:
(1) Does social network interaction influence youth's fertility aspirations?
(2) Does a difference occur between men's and women's fertility aspirations?

1. 4, Research objectives

1.4.1, General objective

The major objective of this study is to investigate how social network interaction influences youth's fertility aspirations in Bishoftu town, East Shewa Zone, Oromia, region, Ethiopia.

1.4.2, Specific objectives

(1) To assess how social network interaction influences youth's desired age of marriage and number of children.
(2) To assess factors that determine desired age of marriage and the number of children among men and women.

1.5, Significance of the research

The rationale for conducting the study is: that Ethiopia has the highest number of Adolescents and youths. Ethiopian youths are facing sexual and reproductive health problems, this health problems have a long-lasting impact on the social and economic well-being of youths and the country. Individual attitudes and behaviors determine their fertility, therefore studying how youth's social network interaction influences their fertility aspirations is crucial to designing an appropriate strategy to regulate youth's fertility rate. The study findings are expected to make important contributions to planning and implementation and furthermore, it could inspire other researchers to conduct further research on the issue.

1.6, Scope of the Study

The primary goal of the study is to determine how social network interaction influences youth's fertility aspirations. Data were collected from 424 youth residing in two urban and one semi-urban Kebles in Bishoftu town. Social network theories posit that individual fertility decision-making depends in part on the fertility behavior of other members of the population, and on the structure of the interactions between individuals. The study focus on explores, socio_ demographic factors, sexual and reproductive factors, and social network interaction associated with youth's fertility aspiration. The study was conducted from first November to 29th May 2022.

1.7, Limitation

- In a cross-sectional study design cannot be used to determine causal relationships.

- If the study were triangulated qualitatively, more information may identify to strengths factors identified quantitatively.

1.8 Organization of the Thesis

The thesis is constructed into five parts, Introduction, Literature review, research methodology, result, and discussion. The introduction part focuses on how the fertility rate changed globally, in sub-Sahara countries, Ethiopia, and the Oromia region. Fertility is the main study area in demography.

This study focuses on how social network interaction affects individual decision-making on future fertility on desired age of marriage and the number of children. Different literature was reviewed in the study area to understand current research findings and limitations. Cross-sectional study designs were used to assess how social network interaction influences youth fertility aspiration. Primary data were collected by interviewer-guided structured quationnery. The thesis result includes sociodemographic characteristics of respondents and bivariate and multilevel analysis. Key findings are summarized with tables and graphs of what factors determine youth fertility aspiration in the study area. Finally conclusion was made based on empirical findings.

2. LITERATURE REVIEW

2.1, Conceptual Literature

Recent qualitative research suggests the influence of social networks on fertility functions through four mechanisms those are social pressure, social support, emotional support, and social learning. Those functions in social structure in different ways, which individual decision on desired family size, of having or not having children influenced by social networks the advantage and disadvantage of children, (Bernardi, 2003, Bernardi, Keim, and Lippe, 2007; Keim, 2011).

Several studies in the field of social network research strongly suggest that the effect of these four mechanisms depends on the characteristics of the parents' social network, including its structure, its composition, and the nature of its relational ties, (Bernardi and Klärner, 2014). The degree of social influence in dense networks depends on the number of children and other factors in the interaction. Networks containing a comparably high number of children, encourage individuals to have children only if individuals evaluate network partners with children positively and in a comparable situation and that helps to build their experiences, (Keim, Klärner, Bernardi, 2009).

Social networks and social mechanisms are two important factors individual family formation. For example, the individual's family status, individual closeness, and the size and closeness of his or her network also determine individual family formation. Similarly, the observed differences in network size in the eastern German sample underline the relevance of recurrent references to relationships between friends, (Bernardi, Keim, and Lippe, 2007).

Many social networks study individual decisions to have or expand family size signify of social relationships as one of the important factors, (Bernardi, 2003; Bernardi and Klärner, 2014, Keim, 2011; Lois 2016; Lois and Arránz Becker, 2013, Pink, Leopold, and Engelhard, 2013; Richter et al. 2012).

The timing of marriage and childbearing is partially influenced by parents and the social contexts. Once girls are married early, they soon bear a child. Most women received important advice from their mothers, regarding first birth and parenthood, these had a direct correlation with the young women's decisions on returning to school and doing waged work, (Nardos, 2017).

The individual subjective evaluation of certain relationships by observing in their dense networks having children advantages of being a parent might discourage individuals not having children. Content of the information transmitted in social networks and subjective evaluations are needed. Qualitative methods help to understand the influence of personal relations and social networks on fertility decisions by identifying and clarifying the role of relational ties, network structures and composition, and their interaction. In this observation, personal relations play an important role in their decision-making about family formation.

Identifying network members who influence and mechanisms of influence are also crucial, Findings indicate that a social network perspective can be applied profitably to explain the formation of fertility intentions in a western European context, behaviors, and attitudes is crucial to understanding the effects of certain network structures, (Keim, et al, 2009).

Social mechanisms and social structure constitute the two main channels through which social interaction approaches contribute to our understanding of fertility dynamics in post-industrial western countries. The effects of social networks are used to explain observed variations in fertility like childbearing timing, and in the social meaning of children. The role of these networks is to regulate the speed of changes. The childbearing experiences of others, the acceptability of their choices, and the social visibility and the evaluation of the consequences of their decisions regulate the diffusion of new family size preferences, the emergence of different life course schedules for childbearing, and the position that parenthood occupies in the life course, (Bernardi et al, 2014).

Social learning constitutes the most relevant mechanism mediating social interaction effects on fertility in the context of the workplace. In this sense, fertile colleagues exert influence as social models that change previous beliefs about the feasibility and consequences of having a child, also that these interaction effects represent crucial factors in the overall process of transition to parenthood, thus inducing a learning process in childless women. The effectiveness of this learning process, and therefore the strength of social influence spread out from the role model, is expected to increase with perceived similarity, (Pink, Leopold, Engelhard, 2013).

High fertility was observed both in terms of intentions and behavioral outcomes when men's involvement in the family. Although there are minor deviations from the described general pattern, and the strength of the relationship varies across countries and subgroups of men, the association seems to be nearly universal, applying to all major regions of contemporary Europe. The model estimates disclose that men's attitudes are associated with higher fertility intentions, analysis showed that traditional attitudes have the lowest expected fertility in all the eight countries. In conclusion, men with egalitarian views have higher fertility aspirations than men with traditional role orientation in contemporary Europe, (Puur and Sz. Oláh, 2008).

Women's and Men's intentions for future births are studied to understand men's and women's attitudes regarding their future fertility, (Barrington, 2004). Studying child_ bearing beliefs can provide deeper insight with respect to fertility trends. There is quite a strong association between intention and subsequent fertility behavior, when individuals are asked to estimate their future complete family size, tend to overestimate the number of children they will have in their whole reproductive career, nevertheless, their lifetime fertility intentions are a strong predictor of actual fertility, (Schoen et al, 1999). First birth intentions are of special importance as they trans_ ion to parenthood as such, its timing and relation to that, also determines the total fertility rate, (Sobotka, 2000).

Substantial reductions in the total fertility rate could occur if women could avoid undesired fertility and have only the number of children they consider ideal. This study clearly shows that husbands have a strong role in influencing women's preferences and ability to achieve their reproductive preferences. A husband's small ideal family size is associated with a woman having a smaller ideal number of children, regardless of her level of empowerment, (Ushma D. Upadhyay, 2010).

2.2, Theoretical Literature

The fields of demography, sociology, and socio-psychology have been increasingly drawing on social network theories, which posit that individual fertility decision _ making depends in part on the fertility behavior of other members of the population, and on the structure of the interactions between individuals. Theory must begin with a definition that denotes a timeless and invariant property of the universe. Such a property is "social interaction," which is defined as a situation where the behaviors of one actor are consciously reorganized by, and influence the behaviors of, another actor, and vice versa, (Jonathan H. Turner, 1988).

The basic assumption of a social network framework seeking to explain fertility is that individual fertility depends on the fertility behavior of other members of the population, and on the structure of the interactions between individuals.

Understanding social network theory and analysis, the framework assumes that individual beliefs and behaviors are interdependent and moderated by social interaction mechanisms and social structures. Social mechanisms such as social learning, social pressure, social communication, and the social exchange of resources affect individuals' beliefs and norms regarding childbearing, and the actual and perceived opportunities and challenges that shape their childbearing choices, (Bernardi et al, 2014).

The first idea is that social interactions are important for fertility, there is strong evidence that in addition to individual and household characteristics social interactions are important in determining fertility rates. Social interactions can lead to a multiplier effect where an individual's ideas, and fertility choices, can affect the fertility decisions of others. The results indicate that social interaction important factor in fertility decisions considering the effect of female decisions and child death, (David E., Canning, Gunther, Linzmeyer, 2008).

Massive improvement in educational enrollment for females is a key strategy to accelerate the fertility transition in Nigeria. Women's education become a demographic and developmental standard based on experience in several developing countries. In Nigeria, religion and ethnicity are individual factors associated with fertility. Communication interventions by religious bodies, ethnocultural organizations, and including in civic education packages have key roles to play in advocacy and sensitization on the benefits of smaller family sizes, (Joshua O. et al, 2021).

2.3, Empirical Literature

Women's education status important factor transition to social roles in the community. When there is long-time school enrollment decreases the possibilities of early marriage and childbearing. In Ethiopia where marriage and first birth occur at young ages, improving girls' education can have a significant impact on age at marriage and first birth, (LINDSTROM, et al, 2009)

The relationship between community peer fertility and women's individual fertility preferences in china, when community fertility increases by one _unit decreased probability of having one or not having a child is 1% and 14 % respectively, while the desire for 3 or 4 or more children by 9.3% and 4.8%. The results show a direct relationship between an individual and community fertility preference. Community peers have a greater impact on the fertility choices of households, (Peng; Lu; Sousa-Poza, Alfonso, 2020). In Nepal mean aspired age of unmarried girls was 22 years, ranging from 15 to 32 years, ($p<0.01$), in the fully adjusted multiple linear regression models, only age and household economic status were significantly associated with marital aspirations.

Being an older adolescent was associated with aspiring to marry half a year later (B = 0.52, p<0.01; 0.16–0.88), this shows an indirect relationship between age and aspire age of marriage, (Madjdian DS, Cunningham K, Bras H, Koelen M, Vaandrager L, Adhikari RP, et al. 2021).

In Nepal, the mean preferred age for having a first child age of 24 years (aged 18 to 35). Girls' education, girls from better off, and single female households have later aspired ages of having a first child (p<0.001, P<0.01, P <0.05), respectively, (Madjdian, et al. 2021).

Fertility declined in sub-Saharan Africa not rapid as in other regions. To decrease the total fertility rate avoiding unwanted birth is important. Even if unwanted pregnancies are removed in SSA, the fertility rate is still high because most women want a large number of children, one of the challenges to decreasing fertility, (Bogart, 2020).

In Egypt, high fertility is positively associated with married individuals than non-married. The young generation has lower ideal numbers of children. Fertility intention varies with generation and gender. The study showed that behavior much stronger indicator of fertility. Egyptian women are not exposed to mass media, poorest, rural residents, and limited education desired fertility is high. Fertility-related behaviors must be understood in the broader context of the social world of women and men, (Madhavan, Adams, and Simon, 2003).

In Nigeria, men desire a large ideal family size than women, where a large family size needs observation among young adults. Place of residence, religion, age at first sex, age of first marriage, unmet family planning massage, and hearing family message on mass determines the time of first birth. Age at marriage was also positively associated with age at first childbirth, (Joshua .Akinyemi and Clifford O. Odimegwu 2, 2021).

Rwanda and Tanzania urban residences were consistently associated with smaller ideal family sizes, (0.4, 1.5), than rural residences respectively, (Rache C. Snow, Rebecca A. Winter, and Siobán D. Harlow, 2013). Urban residence was consistently associated with smaller ideal family size, such that men residing in urban households desired between 0.4 (in Rwanda) and 1.5 (in Tanzania) fewer children than rural men, (Rache C. et al, 2013). In Ethiopia, there is a relationship between religion and fertility. Muslim and protestant religion followers needs, 0.8 and 0.4 more, children than Catholic and Orthodox respondents, respectively, (Rache C. et al, 2013). In Ethiopia, Tanzania, and Zambia, the desired family size is associated with age, wealth, education, religion, residence, and gender attitude. In Ethiopia men of low wealth desire two or more children than all other wealth categories, whereas, In Tanzania desire large family size decrease when the wealth and education of women increase.

In Rwanda, age significantly predictor the ideal number of children, whereas age increases are associated with lower fertility aspirations. In Ethiopia, Tanzania, and Zambia religion is an important predictor of men's ideal number of children. In Egypt, urban women have a lower desired number of children than rural residents. The community gender attitude is significantly associated with the desired ideal number of children, and an equitable gender attitude is associated with a lower ideal family size for both men and women, (Ambrosetti, Novelli & Angeli, 2021).

Ethiopian women after marriage about 75.3% had a first child in a short interval period, were women who lived in urban longer intervals than women who lived in rural areas. Women's education is strongly associated with the time of first birth, where not educated women had longer birth interval than women with secondary and above education, (Ayel, Dinberu, Akalu, 2019). In Ethiopia there is great social and economic change as well as the largest young generation ever in the country, this population had the longest time in education. By 2016, 32% of the young women had married (47%, age 18), in contrast, 7% of young men had married by this time. There are also considerable gender differences in fertility rates. 26% of young women had a child by the age of 22, and 10%, (aged, 18). By comparison, only 2% of young men had fathered a child, (Youth Transitions: Skills, Work, and Family Formation: Preliminary Findings from the, (2016), Young Lives Survey (Round 5): Ethiopia.

In Ethiopia marriage and childbirth occurs traditionally. Women education improved early marriage and the time of first child was delayed, where the age of marriage and first child varies with religion. Protestant and Muslim religion followers' shorter period of first birth after marriage compared to orthodox. About half of respondents give birth before 18 years, and the median age was (aged, 18), years, (Desalegn, Ayanaw, Habitu, and Abebaw, 2020). Surveys done in different regions of the country findings indicate that more than 1 in 3 young women had married by age 22, and 50 % at age of 18. In contrast, 7 percent of young men had married by age 18 and 2 percent had fathered a child by age 22. One in ten young women had given birth by age 18, rising to over 1 in 4 by age 22, (Woldehanna et al., 2018).

2.4, Synthesis

Social network theories stated that individual fertility decisions are influenced by the fertility behavior of the population. A recent study shows that social networks' interaction influences fertility through different mechanisms like social pressure, social support, and social learning mechanisms.

The effect of such mechanisms varies with the characteristics of the network group and levels of interaction. Social networks and social mechanisms are important factors individual family formation, the timing of marriage, and having a first child. The parent's social context influences the fertility level in the community. Social learning's most relevant mechanisms that affect fertility in the workplace.

In a study done in Europe, high fertility intentions and behavior were observed among men. The model analysis showed that traditional attitudes have the lowest expected fertility in all eight Europe countries. If women avoid unwanted pregnancy total fertility rate decreases. In many studies, women's fertility performance and fertility performance are influenced by husbands' involvement. Women's empowerment through education accelerates fertility transition in many countries. Community fertility levels high impact household fertility levels. Where age and household income are significantly associated with marital aspiration. Fertility intention varies within generation and gender. Understanding fertility in the broader context of the social world is important to regulating the youth fertility rate.

Many studies showed that religion, place of residence, and gender attitude influence desired family size. In Ethiopia marriage and childbirth occurs at an early age, many factors determine the time of marriage and first birth. In Oromia region fertility rate and adolescent and youth fertility are still high, regulating youth fertility rate is important because the time of marriage and first child determines the number of children women have in her fertility period. This study identifies how social interaction influences fertility aspiration in the study area this facilitates efforts to regulate the fertility rate in the region.

2.2, Conceptual Framework of the Study

The primary focus of the study is examining the links between social network interaction influences on the fertility aspirations of youth. In order to identify the key variables influencing youth fertility aspirations, the social interaction model was used. Such theoretical focus will help to understand youth fertility aspirations in different contextual backgrounds. Based on the theoretical focus this study hypothesizes social network interaction of youth influences their fertility aspirations.

A theoretical framework explaining how individual social interaction affects youth fertility aspiration.

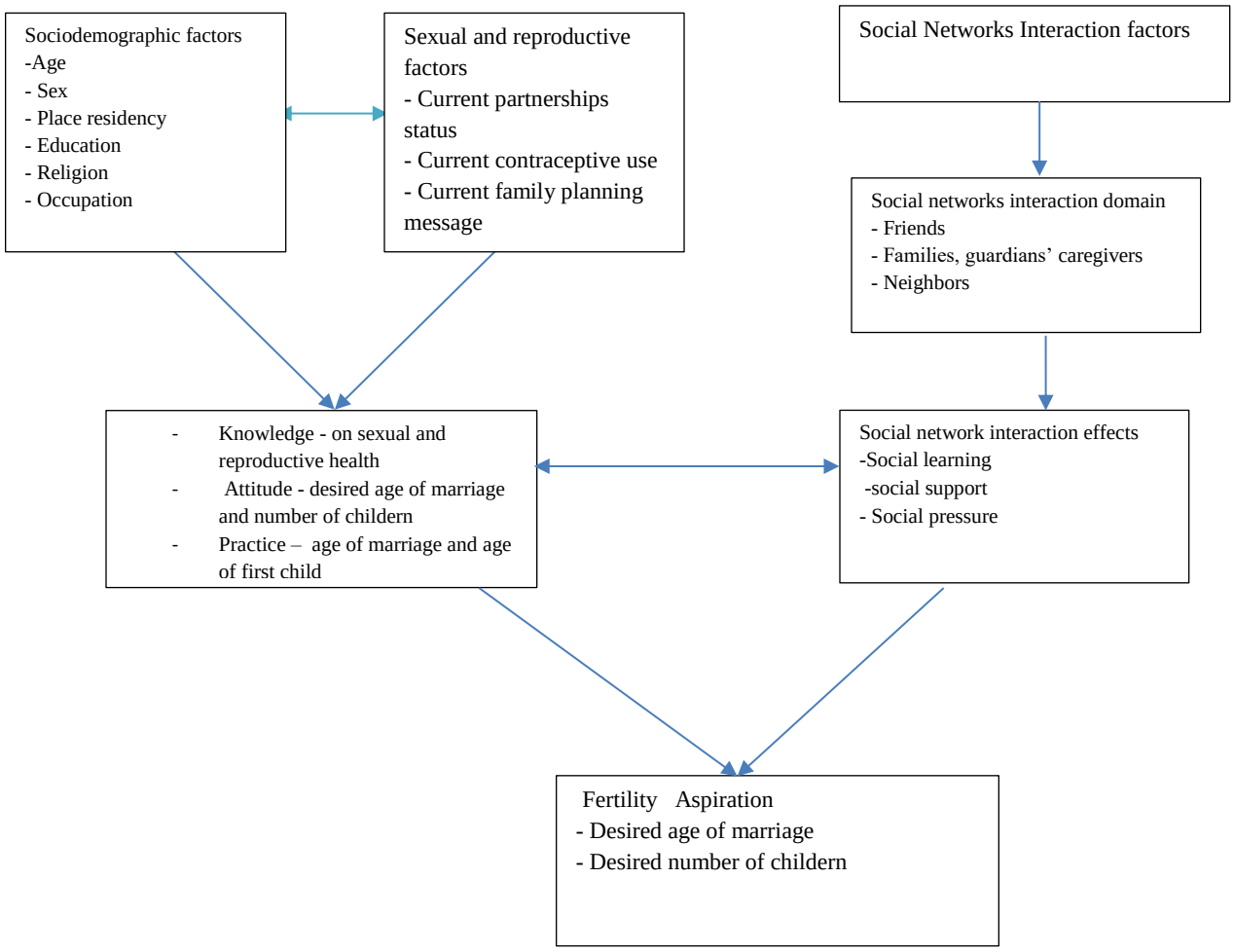


Figure 2.1, Social Networks Interaction Model (Concept Domain) of the Study.

Sourced based on different works of literature.

3. RESEARCH METHODOLOGY

3.1, Study Context

Rationale conducting the research, In Bishoftu town, are different ethino_lingustic peoples living together and now a day it's also growing industrial zone that gives the town nick_ name little Ethiopia, this has its own impact on youth fertility aspiration.

3.2, Study Area

According, to the Central Statistical Agency of [Ethiopia], (CSA, 2021), the town total population projected is 197,557, of this female, accounted for 52.6%, 103,926, were males 47.3 %, 93,631. Bishoftu is one of the town administrations in the Oromia region located, 47 km, southeast of Addis Ababa, the capital City of Ethiopia. The geographic location of the town is between 8° 44' and 4° 74400' north latitude and 39° 0' and 30° 7188' east longitude located. Administratively the town is divided into 14 Keble's (9 urban and 5 semi-urban). In the town nine health facilities found (two government hospitals, two private hospitals, and five health centers), give health care services to the catchment population, (BTHOs, 2013). The study was conducted in two urban and one semi-urban Keble's, from first November to 29th May 2022.

Figure 2, Bishoftu Town Administrative Map (BTHO, 2022,)

3.3, Data Source

Primary data sources were used for the study. Data was collected from youths aged 15–29 years who reside in Bishoftu town at the time of the survey.

3.4, Research Design

A cross-sectional quantitative study was conducted among youth, who was not married and did not have a child.

3.5, Sampling Size and Sampling Strategies

The required sample size is determined by using Cochran single population proportion formula was calculated for cross-sectional surveys considering the assumption of 95% confidence interval, 5% marginal error, proportion of 50%, and 10% non-response rate. The calculated sample size was, N=424.

The required sample size is determined by using Cochran single population proportion formula.

$$n = \frac{(Z_{a/2})^2 \, p \, q}{d^2}$$

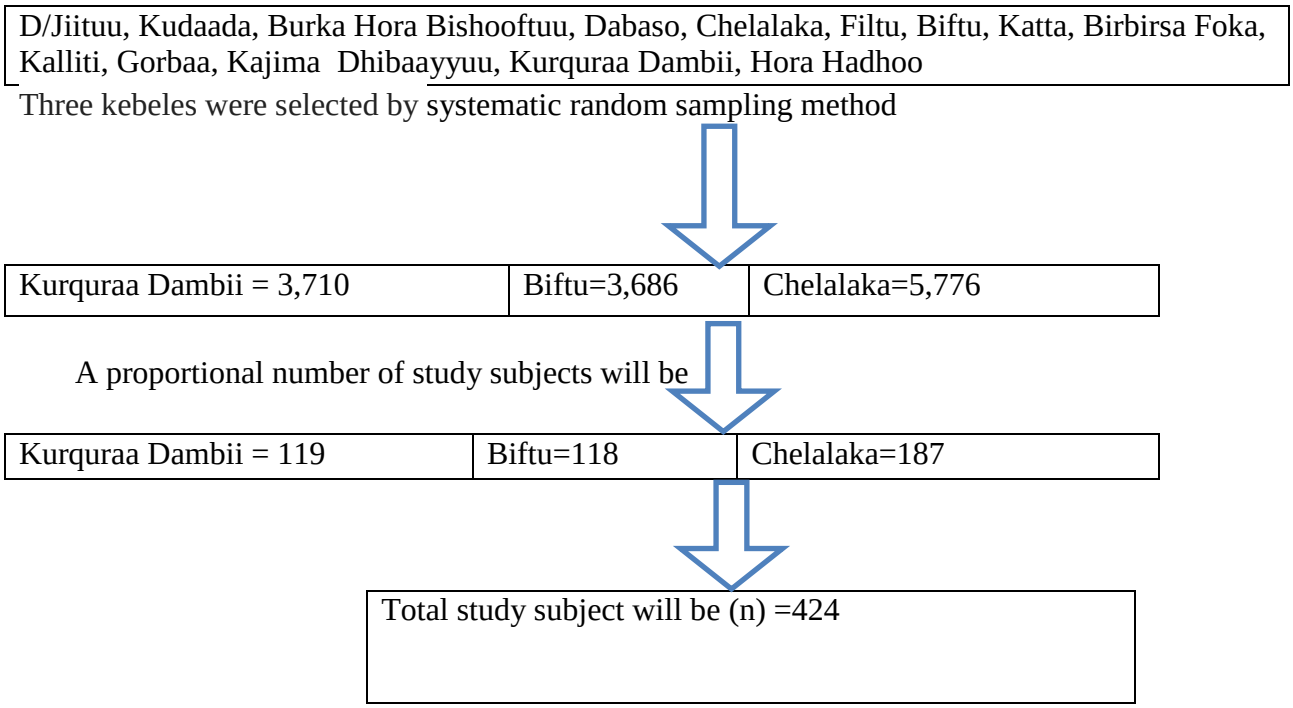
Where
For mean
n = represent sample size
Z = represents standardization value indicating a 95 % confidence level (alpha =0.05, Z = 1.96)
P = prevalence of out came interest 50%, taking the assumption that the study population was homogeneous (p=.5), taken as high maximum variability of the population.
q = 1-p
d = Margin of error 5 %(d = 0.05)
None response = 10%
Sample size = 424 households was selected.

3.6, Sampling Techniques

Using multi _ stage stratified sampling techniques two urban and one semi urban Kebles selected. In the second stage, After all, households were listed, systematic random sampling techniques were used to select households and youths. Based on the total population residing in each Keble, the sample size was allocated proportionally to each Kebeles. All eligible youths on every 31^{Th} were interviewed after taking informed consent for participation. In the case where the selected household had no eligible youth, the next households were included, and whenever there was more than one eligible youth in the same household only one was included in the study after being selected by a simple random sampling method.

3.7. Schematic Diagram of Sampling Techniques

Figure 3.1, List of Bishoftu town kebeles & Schematic diagram of sampling techniques



3.8, Inclusion and Exclusion Criteria

Inclusion criteria

All youths of age 15-29 years reside in Bishoftu during the study the period included in the study.

Exclusion Criteria

- Youths who married and had children.
-Youths who were not volunteer to participate in the study.

3.9, Data Collection Tools and Procedures

A structured research questionnaire was used to collect data. The questionnaire was developed based on research objectives and relevant literature. The questionnaire is comprised of three parts, Introduction, body, and informed consent. The questioner primarily developed in the English language and translated to the local languages, (Afan Oromo and Amharic).Before data collection, a two-day training was given to data collectors and supervisors on data collection, data collection process, and research ethics. Prior to the actual survey, pre _ testing was done 5% sample size, in adjacent Keble to validate the survey questionnaire, and corrections were made. The data was collected by female nurses who fluently speak and hear local languages and the supervisor closely monitored the data collection process and provided technical support to the field workers.

3.10, Descriptions of the study variables

The study has two outcome variables: Desired age of marriage and desired number of children, where the first variable was measured, (age in a complete year), and the second variable was measured, (number of children).

Table 3.2, the study variable's descriptions and the measurements

Dependent variables	Independent variables
I). Desire Age of marriage Age (in a complete year), _____ II). Desire number of children Number of children _____	I). Sociodemographic and environment - Age - Sex - Place residency - Education - Religion - Occupation II). Sexual and reproductive - Current partnerships status - Current contraceptive use - Current family planning message III). Social networks interaction domain - Friends, families, neighbors, guardians' and caregivers IV). Social network interaction effects -Social learning, social support, social pressure

3.10.1, Dependent Variable:

In assessing how social networks interaction influences youth fertility aspirations in the study area, the dependent variable is: Y: Desire age of marriage a variable indicated by (age in a complete year), Second variable desire number of children (this is a dummy variable with values of 1= no child, 2 =1 child, 3 = 2 child, 4 = 3 child, 5 = 4 or more child, 6), non-numeric response.

3.10.2, Independent Variables:

X_1: Schooling type of the 1^{th} household (this is a dummy variable with values of: 1= No formal education, 2 = Up to primary education, (1-8) , 3 = Secondary level education, (9-10), 4 = Post-secondary, (11-12), 5 = Tertiary, (collage diploma), X_2: Age of the youth, (will represent the age at which a potential and is hypothesized to have influence on fertility aspiration, X_3: Sex (this is a dummy variable with values of: Male = 0 and female =1), X_4: Place residency (this is a dummy variable with values of: Semi_ urban=0 and urban = 1),

$X_{5:}$ Religion, (this is a dummy variable with values of: Orthodox Cristian = 0, Protestant = 1, Catholic = 2, Muslim =3, Traditional = 4, other = 5,

$X_{6:}$ Occupation (this is a dummy variable with values of: Student = 0, Unemployed = 1, Self-employed = 2, Civil Servant = 3, Merchant = 4, Daily Laborer = 5, X7: Living with in the past 6 months, (This is a dummy variable with values of : Both biological parents =0 ,With single parent =1 , Relatives= 2 , Friends = 3 , Guardians = 4 , Alone=5 , X8 : Number of siblings they have, (Will represent number brother and sisters they have, it is hypothesized to have influence on fertility aspiration), X9 : Currently modern contraceptive use (This is a dummy variable with values of: No = 0, Yes =1 , X10 : Number of close friends do you have (Will represent the number of close friends (Number of close friends, is hypothesized to have influence on fertility aspiration), X11: Degree of social interaction, No interaction= 0 , Limited interaction =1, Flexible interaction = (2) Complete interaction =3 , (Will represent degree of interaction, it hypothesized to have influence on fertility aspiration), X12 : Social networks interaction , (Friends = 0 , Families / Caregiver/Guardians =1 , Neighborhood =2 , With whom social interaction occurs it hypothesized to have influence on fertility aspiration), X13 : Social support (This is a dummy variable with values of: No support = 0, Yes (there is support) = 1, Social support it hypothesized to have influence on fertility aspiration), X14 : Type of support, (This is a dummy variable with values of : Financially support =0 , Emotional support =1, Sharing reproductive health Information = 2 , Other=3), X15 : Modern contraceptive use, (This is a dummy variable with values of : Radio =0, TV =1 , Social media = 2 , Printed media =3 , Health professionals = 4 , Other =5).

3.11. Definition of Terms

- Social networks: A network of individuals, (Such as Families / Caregivers/Guardians, friends, and Neighborhood), that are tied by one or more type's interpersonal relations.
- Fertility: The ability to conceive and bear children through normal sexual activities.
- Total fertility rate: Total number of that would be born to each woman if she were to live to the end of her childbearing age.
- Aspiration: As future-oriented, defined as a desired or ambition to achieve certain goals (i.e. desired age of marriage and number of children), driven by the conscious and unconscious mind.
- Fertility Aspiration: Its desire is related to the family formation (i.e. marriage, fertility).
- Social learning: Is defined as learning through the observation of other people's behaviors. (I.e. women need a chilled when they observe women with children in her networks). It is a process of social change in which people learn from each other in ways that can benefit wider social-ecological systems.

- Social pressure: The exertion of influence on a person or group by another person or group. (I.e. pressure time of marriage and number of children to have in their fertility period).
- Social influence: Any change in an individual's thoughts, feelings, or behaviors caused by other people, who may be actually present or whose presence is imagined, expected, or only implied.
- Social support: Has been described as "support access to an individual through social ties to other individuals, groups, and the larger community.
- Close friends: Relationship between friends somebody who you can talk to about everything, who makes you feel comfortable without the fear of judgment.
- Siblings: Those having one or both parents in common.

3.12, Validity and Reliability test

The reliability and validity questionnaire was assured by properly designing and pre-testing 5% by test re-test method with the value of Cronbach's Alpha .815, and validity was checked to get an expert on questionnaire construction for double, confusing, and leading questions. Proper training of the data collectors and supervisors on the data collection procedures, proper categorization, and coding of the questionnaire. Every day the questionnaires were reviewed and checked for completeness and relevance by the supervisors and every other day by the principal investigator and all the necessary feedback was offered to data collectors the next morning before data collection.

3.13, Data Analysis

After the collected data was coded, cleaned, and entered in Epi Data 3.1 software and SPSS version 23 computer software was used for analysis. First, the descriptive statistics were done and the socio-demographic characteristics of respondents were summarized. Secondly, linear regression and ordinal logistic regression analysis was undertaken; and those variables with p=value < 0.20 in bivariate analysis were taken to multivariable regression for both outcome variables. The Variance inflation factor was used to check the presence of multicollinearity in a regression model. A VIF values of less than 10, showed that no multicollinearity existed. The Hosmer_Lemeshow test of Goodness of fit was used to test how the data fits the model (sig= 0.05), for ordinary logistic regeration .The result, showed that the data fit the model. The strength of association was expressed in coefficients and odds ratio with a 95% confidence interval and p=value <0.05 was used as a cut = off point to declare significance in the final model.

3.14, Ethical Consideration:

Ethical clearance was approved by AAU ethical committee and Oromia regional health bureau. After ethical clearance letter was obtained from the regional health bureau, and also letter was obtained from the Bishoftu town health office, In addition, written consent was taken before starting the interview for each research participant.

3.15, Dissemination of the result

The final report will be presented and submitted to the department of Development study. The hard copy will be disseminated, to the Oromia regional health bureau, the federal ministry of health, important stakeholders, of Ethiopia, and through scientific publications. Depending on the opportunities, the finding will be presented at conferences or seminars.

4. RESULT

Sociodemographic and Economic Characteristics Study Participates

Table 4.1, shows the background characteristics of respondents, a total of 424 youths, (age15-29), are interviewed making a response rate of 100%. Respondent's with mean age of 21.20, (20.84 -21.56), Large proportion of the 41.3% were (age 20-24), followed by 35.6 (age 15-19) and 23.1 (age 25-29). Distributions the respondents by sex 53.1% are females and 46.9 % are males. The educational status of respondents was 119 (28.1%), Secondary level while 14(3.3%), were uneducated. In terms of employment respondents nearly half (47.2%), are student another (17.2%), unemployed (13 %), Self-employment (12.5%), (6.8%), (3.3), daily laborers, civil servants, and merchants respectively.

Table 4.1, Percentage distribution of respondents by selected background characteristics of youths, Bishoftu town Ethiopia, 2022

Characteristics	Number	Percent (%)
Age		
15-19	151	35.6
20-24	175	41.3
25-29	98	23.1
Sex		
Male	199	46.9
Female	225	53.1
Respondent's current place of residence		
Urban	341	80.4
Semi_ urban	83	19.6

Household income		
Low	158	37.3
Middle	131	30.9
High	135	31.8
Religion of respondent		
Orthodox	234	55.2
Protestant	119	28.1
Catholic	16	3.8
Muslim	45	10.6
Traditional	10	2.4
Educational status of the respondent		
No formal education	14	3.3
Primary (1-8)	100	23.6
Secondary (9-10)	119	28.1
Post-secondary (11-12)	93	21.9
College diploma	98	23.1
Respondent occupation		
Student	200	47.2
Unemployed	73	17.2
Self-employment	55	13.0
Civil servant	29	6.8
Merchant	14	3.3
Daily laborer	53	12.5

4.2 Sexual and reproductive behavior of respondents

Of all respondents, 132 (31.1%), reported ever having sex before, among those sexually active youths 84 (63.6%), currently use modern contraceptives. From all respondents, 385 (79%), respondents heard a family planning message in the last six months. As shown in Figure 4.2, major sources of family planning massage are Television, Health professionals, social media, radio, and printed media (27.8%, 19.8%,16.3%,10.1,4.5), respectively.

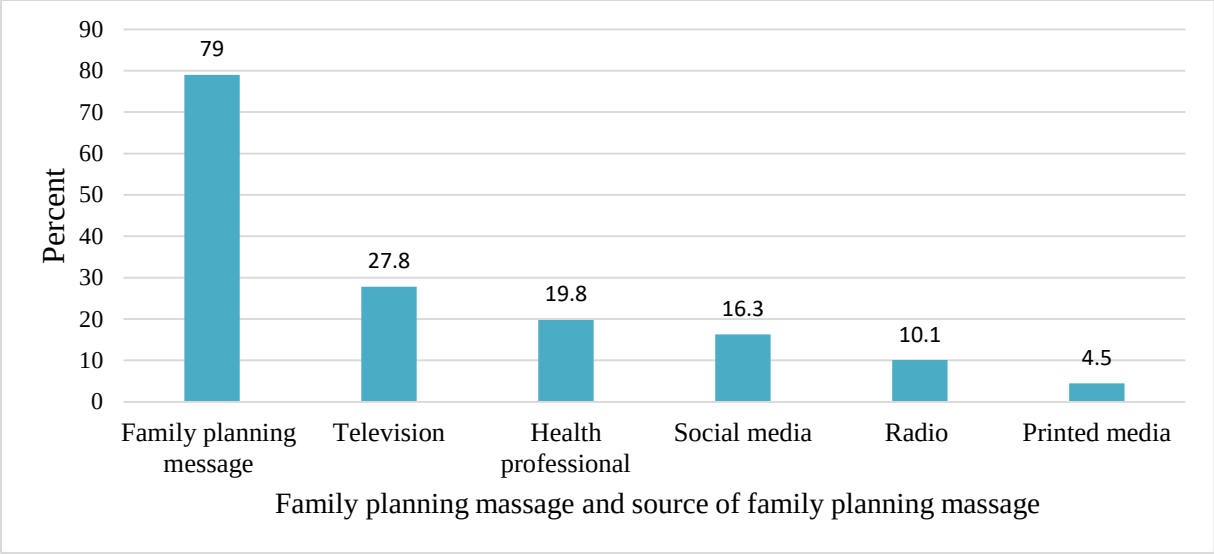


Figure 4.2, Major source family planning message study participants of youths, Bishoftu town Ethiopia, 2022

4.3 Fertility intentions and family formation

Table 4.3, the Mean desired marriage age of respondents is 27.92 years. Respondents (age15-19), need to marry earlier (Mean, 26.92), year than age (20-24), (25-29), (Mean 27.62, 29.96), years respectively. Female respondents need to marry earlier age (Mean, 27.24), than men (Mean 28.19), years. Catholic faith followers' respondents need to marry earlier (Mean, 26.50), than traditional faith followers (Mean, 30.20), years. High-income respondents need to marry earlier than middle and low income, (Mean 27.55, 27.66, 28.44), year respectively, the result showed that current economic uncertainty is negatively associated with desired age of marriage. There is no difference in desired age of marriage with residence (Mean 27.18, 27.92), year urban and semi-urban dwellers respectively. Respondents who have social support need to Maries earlier than (mean age, 27.5), respondents who have no social support (mean age, 28.32). Respondents with complete social interaction need to Maries (mean age, 27.68), earlier than those with flexible (mean age, 27.82), and limited social interaction (mean age, 27.90). The result showed that social support can influence the timing of marriage or facilitate the decision to have married at earlier stages in life.

Table 4.3, Result average (95% CI), desired age of marriage study participants, of youths, Bishoftu town Ethiopia, 2022

Variables	Desire age of marriage (95% CI)			
	Mean	Lower	Upper	SD
Age				
15-19	26.92	26.43	27.41	± 3.041
20-24	27.62	27.19	28.05	± 2.870
25-29	29.96	29.40	30.52	± 2.784
Sex				
Male	28.19	27.77	28.61	±3.004
Female	27.67	27.24	28.09	± 3.225
Residence				
Urban	27.92	27.59	28.26	±3.134
Semi urban	27.18	27.18	28.55	±3.104
Sexual relationship				
Single	28.04	27.72	28.35	±3.053
Girl or boyfriend	27.11	26.16	28.05	±3.525
Contraceptive use				
Yes	28.68	27.90	29.46	± 3.591
No	28.10	26.96	29.46	± 3.948
Religion				
Orthodox	28.13	27.73	28.53	± 3.092
Protestant	27.46	26.90	28.02	± 3.099
Catholic	26.50	25.37	27.63	± 2.129
Muslim	27.96	26.91	29.00	± 3.483
Traditional	30.20	28.30	32.10	± 2.658
Household income				
Low	28.44	27.95	28.93	± 3.129
Middle	27.66	27.09	28.22	± 3.250
High	27.55	27.05	27.05	± 2.949
Mean household income	2841	565	4557	± 2276
Social support				
Yes	27.52	27.14	27.90	±2.802
No	28.32	27.85	28.78	± 3.396
Friends social interaction				
No interaction	27.62	26.80	28.80	± 2.465
Limited	27.83	27.36	28.29	± 3.232
Flexible	28.15	27.65	28.65	± 3.232
Complete	27.61	26.69	28.53	± 2.718

Families social interaction				
No interaction	28.47	27.52	29.42	± 3.229
Limited	27.90	27.38	28.42	± 3.431
Flexible	27.82	27.37	28.27	± 2.994
Complete	27.68	27.02	28.33	± 1.886
Neighborhood social interaction				
No interaction	27.61	26.91	28.30	± 3.111
Limited	27.80	27.38	28.23	± 3.138
Flexible	28.28	27.69	28.87	± 3.169
Complete	28.08	26.01	30.15	± 3.427

95% Confidence the mean observation fails within the upper and lower values.

Respondents' mean desired the number of children is 3.00 (+1.347 SD). As shown in Table 4.4, of all respondents 101 (25.5%), desired four or more children. When we see desired number of children with the age of respondents 34% (age 25-29), desired four or more children than 28.1% and 17% (age 20-24, 15-19), year respectively, Pearson Chi-Square .014. The result showed that early adolescents needed a small family size. Semi-urban residents desire a large family size (31.9%), than urban residents (24.1%), and the result showed that urban residents desired small family size, Pearson Chi-Square .044. Middle income (33.1%), respondents needed a large family size than low income (18.2%), respondents Pearson Chi-Square .007.

Table 4.4, Result of chi-square analysis desire number of children, of youths, Bishoftu town Ethiopia, 2022

Variables	Number of children			P = value
	0-2	3-4	+4	
Age				
15-19	50.7%	32.1%	17.1%	
20-24	42.5%	29.3%	28.1%	**.014**
25-29	30.7%	35.2%	34.1%	
Respondent				
Urban	41.5%	34.4%	24.1%	**.044**
Semi _urban	48.6%	19.4%	31.9%	
Income				
Low	41.6%	40.3%	18.2%	
Medium	38.1%	28.8%	33.1%	**.007**
High	48.8%	23.6%	27.6%	

Close friends				
Few	43.2%	36.5%	20.3%	
Many	38.1%	28.8%	33.1%	**.012**
Too many	48.8%	23.6%	27.6%	
Family planning message				
Yes	43.0%	28.3%	28.7%	
No	42.0%	44.4%	13.6%	**.004**
Social interaction neighborhood				
No interaction	44.6%	23.0%	32.4%	
Limited	41.8%	29.1%	29.1%	**.006**
Flexible	39.6%	43.4%	17.0%	
Complete	46.2%	38.5%	15.4%	

Significant P < 0.05

As shown in figure 4.3, among study participants majority of 385 (91.7%), social interaction influences their desired age of marriage and the number of children. Nearly half (48.1%), were influenced by families while (29.3%, 22.6%), friends and neighborhood respectively.

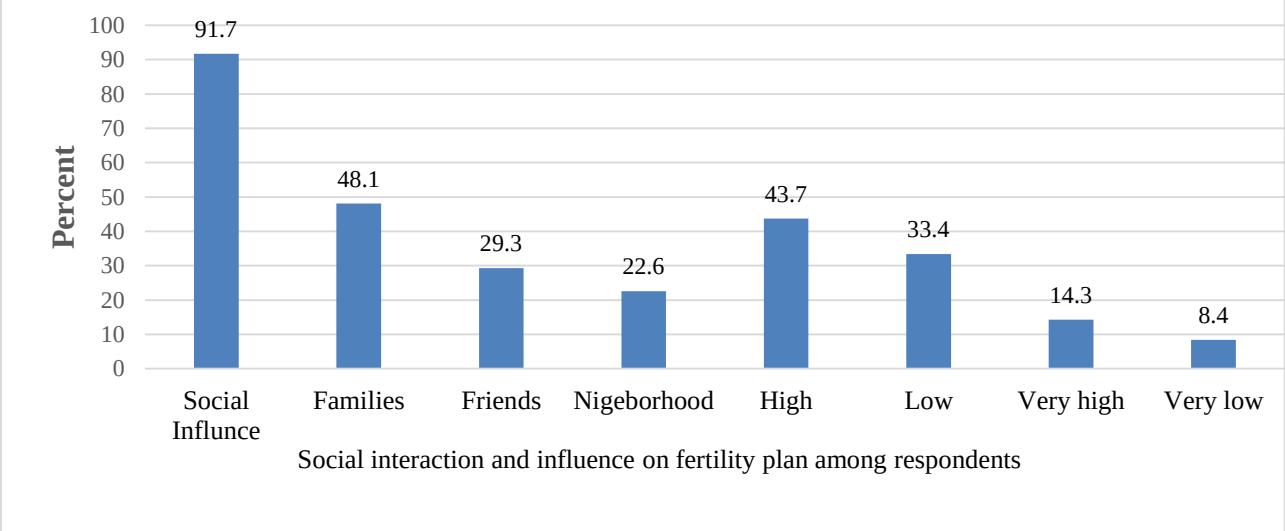


Figure 4.3, Social interaction and influence on fertility plan among youths, Bishoftu town Ethiopia, 2022

As shown in Table 4.5, the result of bivariate analysis, respondent's desire for an age of marriage was associated with respondent's age, sex, current sexual relationship, religion, and Education, chi-square (0.00., 0.084. , 0.038., .000, 0.014), respective.

Table 4.5, Results in bivariate chi-square analysis association between explanatory variables and desired age of marriage, of youths, Bishoftu town Ethiopia, 2022

Variables	B	Std. Error	P_ value
Age (aged, 25-29, Rc)			
	3.039		
15-19	2.336	.3765	**0.000**
20-24		.3662	**0.000**
Sex (Female, Rc)	.524	.3032	**.084**
[Male]			
Residence (Semi urban ,Rc)	.056	3032	.883
[urban]			
Sexual relationship			
(Girl/ boyfriend, Rc)	.928	.4463	**.038**
[Single]			
Religion			
(Traditional ,Rc)	2.068	.9950	**.038**
[orthodox]	2.738	1.0146	**.007**
[protestant]	3.700	1.2422	**.003**
[catholic]	2.244	1.0773	**.037**
[Muslim]			
Education			
(College diploma, Rc)	4.041	.8482	**.000**
[No formal education]	2.219	.4220	**.000**
[primary (1-8)]	2.125	.4050	**.000**
[Secondary (9-10)]	1.383	.4298	**.001**
[Post-secondary (11-12]			
Occupation			
(Daily laborer, Rc)	.165	4754	**.729**
[Student]	1.064	.5553	**.055**
[Not employed]	1.349	.5923	**.023**
[self-employed]	1.206	.7108	**.090**
[civil servant]	-.629	.9247	**.496**
[Merchant]			
Living in last six			
months (Alone, Rc)	1.177	.5059	**.020**
[Both biological parents]	-.248	.5569	**.656**
[single parents]	-.401	.5848	**.493**
[Relatives]	-.686	.5894	**.244**
[Friends]	1.368	.6284	**.029**
[Guardians]			
Siblings			
Number siblings	-.204	.0829	**0.014**
Income (High, Rc)	.889	.3634	**.014**
[Low]	.108	.3802	**.776**
[Medium]			

Sexual practice (No, Rc) [Yes]	.809	.3256	**.013**
Contraceptive use (No, Rc) [Yes]	.574	.6687	.390
Close friends (Too many, Rc) [Few] [Many]	1.142 1.376	.4182 .4430	**.006** **.002**
Friends Social interaction (Complete, Rc) [No interaction] [Limited] [Faxable]	.011 .214 .537	.7305 .5675 .5750	.989 .706 .350
Family's Social interaction (complete, Rc) [No interaction] [Limited] [Flexible]	.792 .224 .144	.7025 .5862 .5853	.260 .703 .805
Neighborhood Social interaction (complete, Rc) [No interaction] [Limited] [Flexible]	-.488 -.341 .138	.588 .692 .876	.588 .692 .876
Social support (No, Rc) [Yes]	-.795	.3013	**.008**

Chi-square analysis significant P<0.05

As shown in Table 4.6, the Bivariate analysis result showed that desired number of children was associated with the respondent's age, the number of siblings, and degree of social interaction with the (P = 0.01, 0.020, 0.033), respectively, Whereas respondent's religion, social support and occupation no association with the desired number of children P value (0.153, 0.3, 0.26), respectively.

Table 4.6, Results of bivariate analysis association between explanatory variables and desire number of children of youths, Bishoftu town Ethiopia, 2022

Variables	Exp (B)	95% Wald Confidence Interval for Exp (B)		**P =Value**
		Lower	Upper	
Age (25-29,RC) 15-19 20-24	 .432 .664	 .263 .412	 .708 1.069	 **.001** **.092**
Sex (Female, Rc) Male	1.193	.826	1.721	.347

Residence (Semi _ urban, Rc) [Urban]	1.032	.631	1.688	.901
Sexual relationship (girl/ boyfriend, Rc) [single]	.840	.480	1.469	.542
Religion (Traditional, Rc) [orthodox] [protestant] [catholic] [Muslim]	 2.109 2.852 1.386 2.400	 .512 .679 .244 .521	 8.683 11.985 7.866 11.046	 **.301** **.153** **.713** **.261**
Education	1.159	.990	1.357	**.067**
0ccupation (Daily laborer, Rc) [student] [unemployed] [self-employed] [Civil servant] [Merchant]	 .710 .879 1.471 1.596 1.701	 .390 .434 .707 .663 .475	 1.292 1.781 3.063 3.842 6.089	 . 262 .721 .302 .297 .414
With whom you are living (Alone, Rc) [Both parents] [single parents] [Relatives] [Friends] [Guardians]	 .953 .864 .948 1.586 .747	 .517 .438 .461 .768 .344	 1.757 1.705 1.951 3.277 1.623	 .877 .673 .885 .213 .462
Number of siblings	1.135	1.021	1.263	**.020**
Income (High, Rc) [Low] [Medium]	 1.013 1.481	 .651 .917	 1.578 2.391	 **.954** **.108**
Sexual practice (No, Rc) [Yes]	1.656	.472	2.470	**014**
Number close friends	1.109	.977	1.260	**.110**
Friends interaction [No interaction] [Limited] [Flexible]	 .913 .875 .893	 .398 .464 .468	2.092 1.650 1.706	 .829 .680 .732
Family's interaction (complete, Rc) [No interaction] [Limited] [Flexible]	 2.131 2.158 1.719	 .923 1.065 .848	 4.916 4.375 3.481	 **.076** **.033** **.133**

Neighborhoods interaction (complete, Rc)				
[No interaction]	1.421	.491	4.111	.517
[Limited]	1.634	.597	4.478	.339
[Flexible]	1.371	.489	3.841	.549
Social Support [Yes]	1.214	.841	1.751	.300
FP Message (No, Rc) [Yes]	1.288	.830	2.001	.259

RC= Reference category

Table 4.7, Presented the result of multivariable liner regression, seven variables predicting desired age of marriage in the study area, First is current age of youths, younger youths (ages 15-19) desire to get married at least three years earlier and those in the age group 20-24 desire to get married on average 2 and half years earlier (B=-2.459, P=0.000) than older youths (ages25-29). The result also showed that currently not being involved in romantic relationship increases the desired age of marriage by 0.923 years (P=0.0029). On the otherhand being protestant and catholic religion follower reduced the average desired age of marriage by 1.903 (P=0.0038); and 2.623 (P=0.018); year respectively.

When a unit in education level increases by one year 0f schooling the desired age of marriage increases by 0.394 (P=0.004); Likewise , having a large number of siblings results in a large number of siblings results in a decreased age of marriage (B=0.0189,P=0.015).

Having social support decreases the desired age of marriage by 0.645 (P=0.020), as compared to those without social support. Further, youths living in a low income households have a higher desired age of marriage (B=0.747, P=0.022) than those living in high income households. Whereas the participant's sex, occupation, with whom living in the past six months, current sexual experience, and the number of close friends they have did not associate with the outcome variable (P >0.05).

Table 4.7**,** Results of multivariable linear regression analysis for determinants of desired age of marriage of youths, Bishoftu town Ethiopia,

	Model 1 Full Model			
		95% Confidence Interval		P = value
Variables	B	Lower	Upper	
Age (aged 25-29,Rc)				
[15-19]	-3.121	-4.099	-2.144	**.000**
[20-24]	-2.459	-3.231	-1.688	**.000**
Sex (Female, Rc)				
[Male]	.290	-.253	.834	.295
Sexual relationship (Girl/ boyfriend, Rc)				
[Single]	.923	.095	1.750	.029
Religion (Traditional, Rc)				
[Orthodox]	-1.458	-3.218	.303	.105
[Protestant]	-1.903	-3.699	-.106	**.038**
[Catholic]	-2.623	-4.803	-.443	**.018**
[Muslim]	-1.263	-3.161	.635	.192
Occupation (Daily laborer, Rc)				
[Student]	.986	-.030	2.002	**.057**
[Unemployed]	.485	-.562	1.532	.364
[Self-employed]	.610	-.488	1.708	.276
[Civil servant]	.263	-1.040	1.566	.693
[Merchant]	-.892	-2.521	.737	.283
Living for the past six months (Alone, Rc)				
[Both parents]	-.058	-1.092	.977	.913
[Single parents]	.397	-.669	1.463	.466
[Relatives]	.348	-.733	1.430	.528

[Friends]	.120	-.968	1.208	.829
[Guardians]	-.099	-1.314	1.116	.873
Income (High Income, Rc)				
[Low Income]	.747	.106	1.388	**.022**
[Middle Income]	.261	-.406	.928	.443
Sexual relationship (No, Rc)				
[Sexual exposure =Yes]	-.050	-.729	.629	.885
Social support (No, Rc)				
[Social Support=Yes]	-.645	-1.187	-.103	**.020**
Education status respondent	.394	.123	.664	**.004**
Number of siblings they have	-.189	-.341	-.036	**.015**
Number Close friends they have	.120	-.063	.303	.198

Rc= Reference category

Table 4.8, Presents the result of multivariable ordinal logistic regression analysis for determinants of the desired number of children. The significant variables which determine the outcame variables are religion, family social interaction, and the number of siblings. Protestant religion followers had a 4.665-time odds of having a higher desired number of children (OR=4.665 with a 95%CI: 1.030-21.125); than respondents of traditional religion followers.

Respondents with limited family interaction had a higher odds of having a higher desired number of children (OR = 2.153 with a 95%CI: 1.032-4.490) than those with no family interaction. Respondents who have large number of siblings desire a higher number of children (OR= 1.138 with 95%CI: 1.015-1.276) than those with no siblings. The study shows there is no association between the age of respondents and the desired number of children (age, 15-19, 20-24), P=0.118, 0.402), respectively. Also, results show that there is no association between occupation, current sexual relationship, close friends, wealth, and educational status of respondents with the desired number of children (P >0.05).

Table 4.8, Result of multivariable order logit regression analysis for determinants of desire number of children of youths, Bishoftu town Ethiopia,

Variables		Model 1			
		95% Confidence Interval OR			
		OR	Lower	Upper	P=value
Threshold	[0-2]	10.914	1.536	77.555	.017
	[3-4]	47.360	6.512	344.429	.000
Age (25-29,Rc)					
[15-19]		.626	.312	1.257	.188
[20-24]		.791	.457	1.370	.402
Religion (Traditional ,Rc)					
[Orthodox]		3.584	.807	15.916	.093
[Protestant]		4.665	1.030	21.125	**.046**
[Catholic]		2.011	.324	12.474	.453
[Muslim]		4.123	.827	20.553	.084
Occupation (Daily Laborer, Rc)					
[student]		.987	.482	2.024	.972
[unemployed]		.829	.381	1.804	.637
[Self-employed]		1.342	.585	3.080	.487
[Civil servant]		1.620	.640	4.101	.309
[Merchant]		1.328	.353	4.993	.674
Income (High Income, Rc)					
[Low income]		1.059	.665	1.686	.809
[Middle income]		1.528	.928	2.517	.096
Sexual relationship (No, Rc)					
[Sexual relationship =Yes],		1.291	.797	2.089	.299
Family interaction (Complete, Rc)					
[Family interaction =No]		2.158	.893	5.216	.088
[Family interaction =Limited]		2.153	1.032	4.490	**.041**
[Family interaction = Flexible]		1.643	.785	3.437	.188
[Education Status of respondent]		1.063	.871	1.298	.548
[Siblings brother /sister]		1.138	1.015	1.276	**.027**
[Close friends]		1.115	.975	1.275	.111

RC=Reference categories

5. DISCUSSION

The study means desired age of marriage of respondents is 27.92 years, (Pearson Chi-Square, P < 0.000, a 95%CI). Surveys were done in Ethiopia nearly half of young women had married by age 22, and of these nearly half by age 18 (Woldehanna et al, 2018). In Nepal mean aspired age of first marriage for unmarried girls is 22 years (range, 15-32), years, (Madjdian DS, et al. 2021). The result shows higher aspired age of marriage than the national and regional average, while was the same as the average age of marriage in Nepal. The difference is because of the study population.

The result of the multilevel regression analysis of age (15-19), years showed that an increase in age of one year resulted in a decrease in the desired age of marriage by 3.121 (P=0.000), year and a unit year increase (20-24), decrease desire age of marriage by 2.459 (P=0.000). In Rwanda, where older age was associated with slightly lower fertility aspirations, (Ambrosetti, et al, 2021). The result showed aspired marriage age is higher in young than old youths.

The study result shows that having social support decreases the desire for an age of marriage by .645 (P=0.020), Social mechanisms—such as social learning, social pressure, social contagion, and the social exchange of resources—affect individuals' beliefs and norms regarding childbearing, and the actual and perceived opportunities and constraints which shape their childbearing choices, (Laura Bernardi & Andreas Klärner, 2014). This implies that those who have social support need Marie earlier than no social support, a direct relationship between desired age of marriage and social support. This implies an influence on the desired age of marriage.

The multilevel regression analysis of age (aged, 15-19), years showed that an increase in age of one year resulted in a decrease in the desired age of marriage by 3.121 (P=0.000), year and a unit year increase (aged, 20-24), decrease desire age of marriage by 2.459 (P=0.000). Rwanda, where older age was associated with slightly lower fertility aspirations, (Ambrosetti, et al, 2021). The result showed an inverse relationship between age and desired age of marriage.

The study result showed, a strong association between a current sexual relationship and desired age of marriage, Single respondents need to Marie one year later than (P=0.029), who had a girl or boyfriend. In Nepal, Being an older adolescent was associated with aspiring to marry half a year later age (B = 0.52, p<0.01; 0.16–0.88), (Madjdian DS, et al. 2021). Studies done in Egypt, fertility behavior is much stronger than those of the other individual variables desired fertility is highest among the poorest, those living in rural areas, and those with limited education. (Madhavan, Adams, and Simon, 2003).

While other study result shows later aspired ages among girls from households with better economic status ($p<0.01$), and living in more advanced communities, ($p <0.05$), (Madjdian DS, et al. 2021). The result shows that respondents are better off needing Marie early.

The result shows a direct relationship between sexual relationships and aspires marriage age. Low-income respondents need to Marie one year later (.747 year, P=0.022) than middle and high-income respondents. The study showed low economic status is negatively associated with aspired age of marriage. The result shows that when education status increases the desire for the age of marriage increases by .394, years (P=0.004), and low educational achievement respondents need to Maries earlier than better school achieved respondents. Later aspired ages of having a first child were more prevalent among school_ going girls ($p<0.001$), as well as among girls from households with weather economic status ($p<0.01$), (Madjdian DS, et al. 2021). This shows an inverse relationship between education and aspires age of marriage.

The study shows a strong relationship between religion and aspires age of marriage. Protestant and catholic faith followers need to Marie earlier than orthodox and Muslim religion followers. Being a protestant and catholic faith follower decreases the desire for the age of marriage by (1.903, P=0.0038, 2.623 P=0.018), year respectively than traditional religion followers. Increasing the number of siblings by one unit resulted in a decrease in desired age of marriage by .189 (P=0.015), per year. The result shows that respondents who had siblings needed Marie earlier than those with no siblings.

The study no association between the sex of respondents and with desired age of marriage (P= .347), Surveys were done in different regions of the country findings indicate that more than 1 in 3 young women had married by age 22, and of these nearly half by age 18. In contrast, 7 percent of young men had married by age 18 and 2 percent had fathered a child by age 22, (Woldehanna et al, 2018). Young men and women in Nigeria desire large family sizes but it is much more prevalent among men, the level of desired family size among young adults is worrisome for fertility transition in Nigeria, (Joshua O. et al, 2021).

While the research did Europe shows descriptive results, overall, the findings seem to support the hypothesis that men with egalitarian views have higher fertility aspirations than men with traditional role orientation in contemporary Europe, (Puur et al, 2008). The discrepancy might be because of the study population. Whereas the respondent's occupation, with whom living in the past six months, current sexual exposure, and the number of close friends they have were not associated with the outcome variable ($P > 0.05$). While the research was done in Rwanda and Tanzania, the urban residence was consistently associated with smaller ideal family size, Men residing in urban households desired between 0.4 (in Rwanda) and 1.5 (in Tanzania) fewer children than rural men, (Rache C. et al, 2013).

Apparently, the study shows that respondents of protestant Christian followers had a 4.665-time odds of having higher number desire children (OR=4.665 with a 95%CI: 1.030-21.125); than respondents of traditional religion followers. Protestant religion follower's desire (4.665), more children than traditional religion followers. In Ethiopia, Muslims and Protestants wanted more children than did Catholic or Orthodox respondents, after adjusting for demographic characteristics, 0.8 and 0.4 more, respectively, (Rache C. et al, 2013). In Nigeria, religious affiliation is a strong individual-level correlate of the desire for a large family size, (Joshua O. et al 2, 2021).

The study shows a strong relationship between social interactions and aspires family size. Respondents with limited family interaction had a higher odds of having a higher desired number of children (OR = 2.153 with a 95% CI: 1.032-4.490); than no interaction. The result implies that respondents with limited social interaction desire (2.153), more children than those with no family interaction. A number of studies on the significance of social networks for the decision to start or expand a family have appeared to show that social relationships constitute important influence factors, (Bernardi, et al. 2012).

Respondents who had siblings desired 1.138 more children (OR= 1.138 with 95%CI: 1.015-1.276) than those with no siblings. The relationship between having siblings and aspiring a number of children is direct. When individuals are asked to estimate their future complete family size, tend to overestimate the number of children they will have in their whole reproductive career, nevertheless, their lifetime fertility intentions are a strong predictor of actual fertility, (Schoen et al., 1999). In my study there is no association between respondents who had close friends and the aspire number of children (P >0.05), In China, As regards peer effects, a one_ unit increase in actual community-level peer fertility reduces the probability of having no children or 1 child by 1% and 14%, respectively, while increasing the desire for 3 or 4 or more children by 9.3% and 4.8%, (Nie, et al, 2020).

The study shows that there is no association between the wealth of respondents and the desired number of children (P >0.05), were as Ethiopia, men in the lowest wealth quintiles stood apart desiring roughly two more children than all other quintiles, whereas in Tanzania such a large reduction in desired family size was observed in only the highest quintile. (Elena et al, 2021). The study shows there is no association between the age of respondents and the desired number of children (age, 15-19, 20-24), P=0.118, 0.402), respectively. While a study done in Rwanda Age was only a significant predictor of an ideal number of children, older age was associated with slightly lower fertility aspirations. (Ambrosetti, et al, 2021).

6. STRENGTH OF THE STUDY

- Pretest was performed after the questionnaire was translated to the local language which increase the study's validity and reliability.
- Data collection instruments were used to collect after the questioner translated to the local language and qualified female nurses who fluently speak and hear the local language was used.

7. CONCLUSION

The result shows that the average aspire age of marriage is 27.92 years. Seven variables predict desired age of marriage in the study area , this is age,current sexual relationship, religion household income, social support ,number of siblings , and education .However, The average didn’t similar across seven variables .

The respondent's average desired the number of children is three. The result shows that family interaction, religion, and having siblings determine a youth's aspiring number of children. Based on the result that family social interaction and social support determine youth fertility aspiration. Overall, the findings seem to support the hypothesis that social network interaction influences youth fertility aspiration in Bishoftu. Programs designed to regulate the youth fertility rate should consider family interaction and social support.

8. RECOMMENDATION

- Federal Ministry of health and regional health bureau design strategies educating youth's importance of small family size.

- Bishoftu Town WHOs, strengthen continuous educating youth's importance of small family size.

- To a researcher, doing further research in the area of mixed design and large geographic coverage.

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BUDGET AND WORK PLAN

Nº	Activities	Responsible	September , 2021				October , 2021				November , 2021	December , 2021	January , 2022	February , 2022	March , 2022	April, 2022	May , 2022	June , 2022
			1st Week	2nd Week	3rd Week	4th Week	1st Week	2nd Week	3rd Week	4th Week								
1	Topic Selection	Investigators	x	x	x	x												
2	Literature search primary search	Investigators						x	x	x								
3	Develop a questionnaire and continue literature search	Investigators									x			x				
4	Research Proposal Finalization	Investigators										x	x					
5	Analyze pilot work and revise the questionnaire	Investigators and Key Relevant People													x			
6	Data collection	Data collector													x			
7	Data input Data analysis	Investigators														x	X	
8	Final thesis writing	Investigators															X	
9	Submission of final thesis report	Investigators																x
10	Presentation thesis finding	Investigators																x

BUDGET BREAKDOWN

No	Item	Unit	Amount Needed	Unit Price	Total Price	Remark
1	Pen	pcs	20	10	200	
2	Paper	pack	10	500	5,000	
3	For Printing	No. of pages	250	4	1,000	
4	For cope	No. of pages	10000	0.75	10,000	
5	For secretory	No. of person	1	500	2,000	
6	Internet	No. of hours	20	10	200	
7	Note book	No. of Person	6	30	180	
8	Data collector	No. of person	5	500	10,000	
9	Transport	No. of person	4	300	1,200	
10	Sum				29,780	
	Contingency	10%			2,978	
	Total				32, 758	

ANNEX _II

INTRODUCTION AND CONSENT FORM IN ENGLISH, AFAAN OROMO, AND AMHARIC

DATA COLLECTED FROM THIS STUDY IS CONFIDENTIAL AND WILL BE USED FOR SCIENTIFIC PURPOSES ONLY.

METHODS DATE COLLECTION – FACE-TO-FACE INTERVIEW.

Hello, my name is _____ . I am working with Alemayehu Bedassa who is doing research for the partial fulfillment of a master's degree in population studies (RH) in Addis Ababa University. This questionnaire is intended to assess how social networks interaction influences youths' fertility aspirations among youths in Bishoftu town, East Shewa Zone, Oromia region. You are randomly selected as one of the participants in the study.

Purpose: - The purpose of the study is to assess how social networks interaction influences youth (Age 15-29) fertility aspirations. The information you provide here will be very helpful to the researcher to write a scientific paper for the completion of the master's program. The findings of this study could help in designing strategies to regulate the youths' fertility rate.

Duration of study – March-May 2022 GC

Procedure: - There are questions that assess how social networks interaction influences youth fertility aspirations. I would like to ask you to give a genuine and honest response to the questions forwarded. If you need clarification please ask me.

It will take you about 20-25 minutes to finish this survey.

Benefits and Risks: - You did not benefit from directly participating in the research, however, the information you give will help the researcher to understand how social networks interaction influences youth fertility aspirations in order to regulate the youth fertility rate. Your participation in this study will not involve any risks. If any question makes you feel uncomfortable you may choose not to answer that specific question.

Confidentiality: - You will not be asked your name and written in the survey questionnaire. All the information you give to us will be kept private. Whatever information you provide will be kept strictly confidential only the researcher will have access to see the answers you give. No information identifying you will ever release to anyone.

Participation: - participation in the survey is completely voluntary. If any question makes you feel uncomfortable you may choose not to answer that specific question. If you decide to stop interview questions you can stop and leave at any time without giving any reason that has no consequence.

If you would like to know more, please

Contact: Address of the principal investigator name Alemayehu Bedassa, 0917502912

Tel No AAU 251- 0111544197

I thank you in advance for taking the time to answer my questions.

Would you be willing to participate in the study?

If yes I am in advance to ask you.

If not please stop here.

Informed consent of participant: - I understand the purpose of this MSc thesis project based on the above information. I am indicating my consent to participate in this research project voluntarily.

Participant Yes ☐ NO ☐

Informed consent/assent for children under 18 years old.
I understand the purpose of this MSc thesis project based on the above information. I give permission for my child to participate in this research project.

Parent/ Guardian Yes ☐ NO ☐

Child's yes ☐ NO ☐

EENSAA FI IJOO FOORMICHAA AFAAN OROMOOTN

RAGAAN QO'ANNOO KANARRAA WALTT QABAMU ICCITIIN ISAA KAN EEGAMUU FI DHIMMA QORANNOO SAAYNSAAWAA KANA QOFAAF KAN OLUU TA'AA.

Ashamaa!! Harka fuune, Maqaan Koo ---------- jedhama. Ani Yunivarsitii Finfinneetti Gosa Barnootaa population study (RH) tiin Diigrii. Gaffileen kunniin hariiroon/waliitt dhufeenyi hawaasummaa walhormaata dargaggootaa kakaasuu keessatti dhiibbaa innii qabu xiinxaaluuf yaadame yommu ta'u: Naannoo Oromiyaatti, Godina Shawaa Bahaa, Magaalaa Bishooftuutti. Isin Kan filatamtan akka hirmaataa Qo'annoo kanaa tokkootii.

Kaayyoo: - Kaayyoon Qo'annchaa Neetworkiin waliitt dhufeenya hawaasummaa walhormaata dargaggootaa (Umurii 15-29) irratti dhiibbaa tasiisaa jiru adda baasuu dha. Odeeffannoon isin nuu laattan qaama Qo'annoo kana taasiisuuf daran Kan fayyaduufi Qo'annoo Saynsaawaa barreessuuf Kan gargaaruu fi Sagantaa Barnoota Diigrii 2faa kana guutachuuf Kan gargaaruu dha. Argannoon Qo'annoo kanaas walhormaata dargaggootaa hirrisuu keessatt fala kaa'uuf fayyada.

Turtiin Qo'annoo kanaa –Bitooteessa – Caamsaa 2014/ALI ta'a

Adeemsa: - Gaaffilee dhiyaataniif deebii kallattii fi dhugaarratti hundaa'ee deebisuu qabdan. Bakka iftoomina barbaadutti gaffii iftoominaa gaaffachuun mirga. Gaaffiif deebiin Kun yoo baayyate daqiiqaawwan 15 – 20 isinitti fudhachuu danda'a.

Faayidaafi dhiibbaa: - Gaffiif deebii kana keessattii hirmaachhuu keessaniin bu'anis ta'e dhiibbaan kallttiin isinitti dhufu hin jiru. Qaama qo'anicha gaggeessuuf ragaa qabatamaa kennuun keessann garuu alkallttniin fayyadamtu. Bakka isinitti hin tolleetti yaada kennuu dhiisuun mirga keessanii.

Iccitii Eeguu ilaalchisee: - Qaama Qo'annoo kana gaggeessuun alatt ragaa isin laattan kana namuu arguu/dhagahuu hin danda'u. Waanti eenyummaa keeessan ibsu tokkollee qaama biraatti hin ibsamu.

Hirmaannaa ilaalchise: - Gaaffiif deebii kana keessatti hirmaachuun feedhiif feedhii qofaanii; Bakk isniitti hin mijoofnetti dhiisuunis ta'e haal duree tokko malee addaan kutuun mirga keessanii

Odeeffannoo dabalataa yoo barbaaddan: - Qaama Qorannicha abbumaan gaggeessaa jiru Obbo Alamaayyoo Badhaasaa Bil. Kanaan argachuu dandeessan: 0917502912 ykn Lakk. Bil. Univarsitii Finfinne armaan gadii fayyadmu dandeessuu: 251- 0111544197

Qaama Qo'annoo kanaa ta'uun hirmaachuuf isin eeyyamamoo dha? Deebiin keessan 'eyyee' yoo ta'e:- Yeroo keessan qaalii naa kennuun deebii waan naa laattanii fi Qaama Qo'annoo kanaa ta'uun hirmaachuuf eeyyamamoo ta'uu keessaniif durseen isin galateeffadha.

Eyyamamoo ta'uu baannaan garuu asumrratti dhaabuu dandeenya. Galatoomaa

Yaada Hirmaataa odeeffannoo gahaa argate:- Yaada armaan olitti ibasame hubachuun Qo'annoo kanatti hirmaachuuf hayamamaa ta'u kiyya mallattoo kootiinan ibsa

Hirmaataa Eyyeen ☐ Lakkii/Miti ☐

Yaada Hirmaatotaa odeeffannoo gahaa argate/daa'imman umurii 18 gadii/:-

Yaadaa fi kaayyoo Qo'annoo kanaa hubadhee daaimti kiyya akka hirmaatuu hayameera;

Maatii/guddisaa/tu	Eyyeen	☐	Lakkii/Miti	☐
Daa'imaaa	Eyyeen	☐	Lakkii/Miti	☐

ANNEX IV በአማሪኛ የተዘጋጀ መጠይቅ

የጥናቱ መግቢያ እና በጥናቱ ተሳታፊዎች የፍቃደኝነት ማሪጋገጫ ቅጽ

መጀመሪያ ሰላምታዮን አቀርባለሁ :: ስሜ_____ይባላል :: በአ.አ ዩኒቨርስቲ በሀገር ልማት ጥናት ኮሌጅ ተማሪ ከሆነዉ አቶ አለማየሁ በዳሳ ለማስተርስ ዲግሪ የመመሪቂያ ጽሁፍ ጥናት/ምርምር/ እያደሪገ ያለ ሲሆን እኔም በዚሁ ጥናት አብሬ በመስራት ላይ እገኛለሁ::

የዚህ ጥናት ዓላማ ወጣቶች ያላቸዉ የማህበራዊ ግንኙነቶች ትስስር የወደፊት የወጣቶች ስነ ተዋለዶ ላይ ያለዉን ተጽኖ ለማጥናት የተዘጋጀ ስሆን እሪሶ የሚሰጡት መሪጃ ለዚህ ጥናት መሳካት እጀግ በጣም አስፈላጊ ሲሆን ጥናቱ ሲጠናቀቅ የወጣቶች የስነ ተዋልዶ ችግሮችን ለመፈታት በሚደሪገዉ ጥሪት የራሱን አስተዋጾ እንደሚኖሪዉ ይታመናል::

ጥናቱ የሚካሄደዉ ፡- ከመጋቢት - ግንቦት 2014 ዓ.ም

ጥናቱ የሚከተለዉ ቅደም ተከተል፡- በጥናቱ መጠይቅ ዉስጥ የተካተቱት የተጠያዉን የማህበራዊ ኢኮኖሚያ ሁኔታ፡የወጣቶች የማህበራዊ ግንኙንት ትስስርሮች በወጣቶች የወደፊት የስነ ተዋልዶ ፍላጎታቸዉ ላይ ያለዉ ተጽኖ እና ዘመናዊ የወሊድ መቆጣጠሪያ መሪጃን ያካትታል ::

መጠይቁ የሚወስደዉ ግዜ ፡- 15-20 ደቂቃ በቻ ነዉ::

በጥናቱ በመሳተፎ የሚገኝ ጥቅም ወይም ጉዳት፡- በጥናቱ በመሳተፎ ለእርሶ በቀጥታ የሚያገኙት ጥቅም የለም ነገር ግን የሚሰጡት መሪጃ የጥናት አድራጊዉ ወጣቶች ያላቸዉ የማህበራዊ ግንኙቶች ትሰስር የወዲፊት በወጣቶች የስነ ተዋልዶ ፈላጎታቸዉ ላይ ያለዉን ተጽኖ ለመረዳት የሚሪዳ ሲሆን ከዚህም በተጨማሪ የጥናቱ ዉጤት የወጣቶችን የሰነተዋለዶ ችግር ለመፈታት የሚደሪጉ ጥረቶችን እንደሚያግዝ ይታመናል ::

በጥናቱ በመሳተፎ የሚደርስቦት ምንም አይንት ጉዳት የለም :: በሚጠየቁት አንድ ጥያቄዎች ለመመለስ ፈላጎት ከሌሎት ያን ጥያቄ ሳይመልሱ ማለፍ ይችላሉ ::

የጥናቱ ሚሰጥራዊንት ፡- በጥናት መጠይቅ ላይ ስሞ አይጻፍም :: ማንኛዉም የሚሰጡት መሪጃ ሚስጥራዊነቱ የተጥበቀ መሆኑን እያሪጋገጥኩ እርሶን የሚገልጽ ምንም አይነት መሪጃ በምንም ሁኔታ ለሶስተኛ ወገን ተላልፎ አይሰጥም ::

በጥናቱ ተሰታፊንት ፡- በጥናቱ የሚሳተፉት በሙሉ ፍቃደኝነቶ ላይ የተመሰረተ ሲሆን እየተጠየቁ ያሉትን መጠይቅ ሳይጨርሱ ማቋረጥ ከፈለጉ ምንም ምክንያት ሳያቀርቡ ማቋረጥ የሚችሉ ሲሆን ይህም በእርሶ ላይ የሚያመጣዉ ችግር የለም ::

ለበለጠ መረጃ

የጥናት አድራጊዉ ስም አለማየሁ በዳሳ ስልክ 251-0917502912

በአ.አ ዩኒቨርስቲ የሀገር ለማት ጥናት ኮሌጅ ስልክ 251-0111544197

በጥናቱ ለመሳተፍ በመወሰኖ በቅድሚያ አመሰግናለዉ ::

በጥናቱ ለመሳተፍ የማይፍልጉ ከሆነ እዚሁ ጋር ማቆም እንችላለን ::

በጥናቱ ለሚሳተፉ የተሳታፊነት ማረጋገጫ ቅጽ

ከዚህ ከላይ በተገለጸልኝ ገለጻ በመሪዳት በጥናቱ/በምርምሩ/ በፈቃደኝንት ለመሳተፈ ተስማምቻለዉ ::

ተስማምቻለዉ ☐ አልተስማምዉም ☐

እድሚያቸዉ ከ18 ዓመት በታች ለሆናቸዉ የጥናቱ ተሳታፊዎች ቤተሰቦች ወይም አሳዳጊዎች በጥናቱ ላይ እንዲሳተፉ ይወስና ::

ከላይ በተገለጸልኝ ገለጻ በመሪዳት ልጄ በጥናቱ እንዲሳተፍ /እንድትሳተፍ በፈቃደኝነት ተስማምቻለዉ ::

ወላጅ ቤተሰብ ወይም ያሳዳጊ ተስማምቻለዉ ☐ አልተስማምዉም ☐

የጥናቱ ተሳታፊ ተስማምቻለዉ ☐ አልተስማምዉም ☐

ANNEX V

RESARCH QUESTIONNAIRE

THIS RESEARCH QUESTIONNAIRE WILL BE USED TO ASSESS HOW SOCIAL NETWORKS INTERACTION INFLUENCES YOUTHS (AGE 15-29) FERTILITY ASPIRATIONS IN BISHOFTU TOWN, EAST SHEWA ZONE, OROMIYA, and REGION.

Data will be collected from youths who were never married and does not have children. Whenever more than one eligible respondent is found in the same selected household, only one respondent will be chosen by lottery method.

Kebele_____Interview No._____Interviewer No._____Date of data collection _____

PART – I SOCIODEMOGRAPHIC CHARACTERISTICS OF STUDY PARTICIPANTS			
Sno	**QUESTIONS**	**POSSIBLE RESPONSES**	**SKIP**
101	Age of respondent at interview in completed years?	Age in a year ☐	
102	Sex of respondent ?	1. Male ☐ 2. Female ☐	
103	Where is your current place of residence?	1. Urban ☐ 2. Rural ☐	
104	What is your current marital status?	1. Single ☐ 2.He or she have friend ☐	
105	What is your religion?	1. Orthodox Cristian ☐ 2. Protestant ☐ 3. Catholic ☐ 4. Muslim ☐ 5. Traditional ☐ 6. other (specify) _____	
106	What is your educational status?	1.No formal education ☐ 2. Up to primary education (1-8) ☐ 3. Secondary level (9-10) ☐ 4. Post-Secondary (11-12) ☐ 5. Tertiary Education (Diploma, an ☐ above)	

107	What is your occupation?	1. Student 2. Unemployed 3. Self-employed 4. Civil servant 5. Merchant 6. Daily Laborer	
108	With whom are you living in the past 6 months?	1.Both biological parents 2. With single parent 3. Relatives 4. Friends 5. Guardians 6. Alone 7. Other (specify) _____	
109	How many siblings do you have?	1. Total 2. Brothers 3. Sisters	
110	What is yours or your household's /family's/ monthly income in (ETB)?	1. ETB _____	
PART –II FERTILITY INTENTION AND FAMILY FORMATION		mark **(✓)**	
111	Have you ever had sex?	1. Yes 2. No	If the answer is no skip to quation 113
112	If yes, Do you currently use any type of contraceptive?	1.Yes 2. No	
113	Imagine you could marry whenever you wished, at what age would you like to get married?	1. Age in years _____	
114	How certain are you that you will marry at the age that you have just mentioned?	1.Very sure 2.Fairly sure 3. Not very sure 4. Not at all sure	
115	If you could choose exactly the number of children to have in your life, how many would that be?	1. 0 2. 1 3. 2 4. 3 5. 4 or more 6. non _ numeric response	
116	How certain are you that you will have the number of childern that you have just mentioned?	1.very sure 2.Fairly sure 3. Not very sure 4. Not at all sure	

117	How many close friends do you have?		1.Total 2. Male 3. Female		
118	Are these people younger, older, or of the same age as you?		1.Young age 2. Same age 3. older age		
119	Have you ever discussed any of the following matters with you? mark (✓)				
		Friends	Families / caregiver/Guardians	Neighborhood	
120	Desired Age of marriage	Yes No	Yes No	Yes No	
121	Desired Number of childern	Yes No	Yes No	Yes No	
122	Sexual and reproductive health issues	Yes No	Yes No	Yes No	
123	Family planning	Yes No	Yes No	Yes No	
124	Do you feel you have been influenced by these people in your fertility plan?		1.Yes 2. No		If the answer is No skip to question number 128
125	If yes, who influenced your fertility plan?		1.Friends 2. Families / caregiver/Guardians 3.Neighborhood		
126	In which of your plans do these people influence you?		1.Timing of marriage 2. Desire number of childern 3. Both		
127	How do you rate the influence of these people on your fertility decision?		1.Very high 2. High 3.Low 4.Very low		
128	Do you get any support from these people?		1.Yes 2. No		If the answer is NO skip to question number 130

129	If yes, what type of support do you get from these people?	1.Financially support ☐ 2. Emotional support ☐ 3. Sharing reproductive health Information ☐ 4. Other (specify) _____	
PART III REPRODUCTIVE HEALTH INFORMATION			
130	Have you heard about family planning messages in the past 6 months (on a radio, TV, social or printed media?	1. Yes ☐ 2. No ☐	If the answer is No skip to question number 131
131	If yes, from where did you get the message?	1. Radio 2. TV 3. social media 4. printed media 5. Health professionals 6. Other	

INTERVIEW END TIME ☐☐

RESULT COMPLETED ☐ REFUSED ☐ PARTIALLY COMPLETED ☐
Other _____
(SPECIFY)

Name of data collector _____Phone number _____

Profession ___Date of data collection _____Signature____

ANNEX VI GAAFFIIF DEEBII QO'ANNOOF DHIYAATAN

Gaffileen kunniin hariiroon/waliitt dhufeenyi hawaasummaa walhormaata dargaggootaa /umur 15 - 29/ kakaasuu keessatti dhiibbaa innii qabu xiinxaluuf yaadame Kan qophaa'e yommu ta'u: Naannoo Oromiyaatti, Godina Shawaa Bahaa, Magaalaa Bishooftuutti.

ADEEMSA RAGAAN KUN ITTI SASSAABAMU: - QAAMNI GAAFFII FI DEEBII KANA GAGGEESSU QAAMAAN FUULLEETTI WAL ARGUUN TA'UU QABA.

Ragaan Kun dargaggoota hanga yoonaatti/takkaa hin fuune/hin heerumne fi daa'ima hin godhanne ta'uu qaba. Akka carraatti Maatii tokko keessatti gaaffiif deebii kana gaggeessuuf dargaggoonni tokkoo olii yoo argame dargaggoo tokko qofa mala "Lotoriitiin" filatamuu qaba.

Ganda_____Lakk. Gaafatamaa_____Lakk. Gaafataa.___Guyyaa ragaan itti guurame _____

kutaa – I Haala haawaas diinagdee hirmaattootaa			
Lakk	**Gaaffilee gaafataman**	**Deebiiwwan eggaman**	**Dhiisii**
101	Umurii gaafatamaa	Umurii ☐	
102	Saala gaafatamaa	1. Dhiira ☐ 2. Duub. ☐	
103	Bakk jireenya keessanii eessa?	1. Magaala ☐ 2. Baadyyaa ☐	
104	Haalli gaa'ila keessanii hoo?	1. Kophaa ☐ 2. kan kaadhimate ☐	
105	Amantaan isin hordoftan maalii?	1. Ortodoksii ☐ 2. Proteestaantii ☐ 3. Kaatooliikii ☐ 4. Musliima ☐ 5. Amantaa aadaa ☐ 6. kan biroo (ibsii) _____	

106	Sadarkaan barnoota keessanii maalii?	1.Barnoota idilee hin baranne ☐ 2. Bar. Sad. 1ffaa (1-8) ☐ 3. Bar. Sad. 2faa (9-10) ☐ 4. Bar. Sad. 2ffan booda (11-12) ☐ 5. Bar. Sad. 3ffaa (Diplomaaf isaa ol) ☐	
107	Hojiin keessan maalii?	1. Barataa ☐ 2. Hojii dhabeeyii ☐ 3. Hojii dhuunfaa ☐ 4. Hojjataa mootummaa ☐ 5. Daldalaa ☐ 6. Hojjataa guyyaa ☐	
108	Ji'oottan 6 darban eenyu faana jraatte?	1.Maatiiwwan Umamaa lameen ☐ 2. Maatii Umamaa Qeenxee ☐ 3. Firoottan waln ☐ 4. Hiriyoota koo waliin ☐ 5.Gudiftoota waliin ☐ 6.Ena tokoo jraa ☐ 7. kan biroo waliin (ibsii) _____	
109	Obbolessa ykn obbleettiie meaqa qabdu?	1.Obbolaawwan Hundaa ☐ 2. Obboleessa qofa ☐ 3. Obboleettii qofa ☐	
110	Maddi Galii Maatii keetii malii? Ji'atti Meeqa? Monthly income in (ETB)?	1. Karshi (ETB) _____	
KUTAA –II FEEDHA DHALA GODHACHUU/WAL HORMAATAA mark/mallattoo **(✓)** godhii			
111	Wal quunnamtii saalaa raawwattee beektaa?	1. Eyyeen ☐ 2. Lakkii/Mitit ☐	Deebiin kun lakkii yoo ta'e gara gaffii 113 tt ce'i
112	Haga yoonaatti mala ittisa wal hormaataa faayyadamtee	1.Eyyeen ☐ 2. Lakkii/Miti ☐	

	beektaa?		
113	Umurii kee meeqatti yoo erumte/fuute sitti tola/feeta/?	1. Umurii _____	
114	Umurii ati feetee/barbaadde sanitti erumu/fuudhuu keetiif hagam amantaa qabda?	1.Guutummatti ☐ 2.Caalmaatti ☐ 3. walkeessa/tarii ☐ 4. ta'u dhiisuu mala ☐	
115	Lakkoofsa daa'immanii ati umurii kee guutuutti godhattu murteessuuf carraa qabaattee; daa'ma meeqa horachuu feeta?	1. 0 ☐ 2. 1 ☐ 3. 2 ☐ 4. 3 ☐ 5. 4 ykn isaa oli ☐ 6. Lakkoofsaan hin murtaa'u ☐	
116	Lakkoofsa maatii keetii haala ati gubbaatti ibsiteen murteessuu danda'uu keetiif hagam itti amantaa?	1.Hibban dhibbatti ☐ 2.Haraka caalaatti ☐ 3. Ta'uu dhiisuu danda'a ☐ 4. Hin beekamu ☐	
117	Hiriyaa dhiyoo kamiin qabda?	1.Indaiama ☐ 2. Dhiira ☐ 3. Dubara ☐	
118	Hiriyoonni kee kun umuriidhaan sicaalu mo; siin qixa moo; siin gadi?	1.Naan gadi ☐ 2.Naan qixa ☐ 3. Na caalu ☐	
119	Dhimmoota armaan gadii irratti takkaa mar'iattanii beektuu		mark (✓)

		Hiriyootaan	Maatiin/guddifotaan	Ollaadhaan	
120	Umurii gaa'ilaa	Eyen ☐	Eyen ☐	Eyen	☐

		Miti ☐	Miti ☐	Miti ☐	
121	Lakkoofsa maatii	Eyen ☐ Miti ☐	Eyen ☐ Miti ☐	Eyen ☐ Miti ☐	
122	Waa'ee Quunnamtii saalaa fii sirna wal hormaataa	Eyen ☐ Miti ☐	Eyen ☐ Miti ☐	Eyen ☐ Miti ☐	
123	Waa'ee Karoora maatii	Eyen ☐ Miti ☐	Eyen ☐ Miti ☐	Eyen ☐ Miti ☐	
124	Hawaasni ati keessa jirtu karoora maatii keerratti dhiibbaa uumeera jette amantaa/sitti dhagahamaa?	1.Eeyyeen ☐ 2. Miti/lakkii ☐		Deebiin gaffii kanaaf laatame 'lakkii' yoo ta'e gara gaaffii 128 ffaatti ce'i	
125	Deebiin kee Eyyeen yoo ta'e; karoora matii keerratti enyudhaa dhiibbaa kan godhe?	1.Hiriyoota ☐ 2. Maatii dha/guddistoota ☐ 3.Olloota ☐			
126	Hawaasni /Uummatichi karoora kee kamirrat dhiibbaa taasisera jettee yaadda?	1.Yeroo gaa'ilaa ☐ 2. Feedha lakk. Daa'immanii ☐ 3. Lameenuu ☐			
127	Murtoo Wal hormaataa irratti Dhiibbaan hawaasni qabu akkamiin ibsama?	1.Baaye Guddaa ☐ 2. Guddaa ☐ 3.Xiqqaa ☐ 4.Baaye Xiqqaa ☐			
128	Hawaasa kanarraa Deeggarsa/barnoota wayii argatteetaa?	1.Eeyyeen ☐ 2. Miitii /lakkii ☐		Deebiin kun Miti /lakkii yoo ta'e gara gaffii 130 tti ce'i	
129	Deebiin kee Eyyeen yoo ta'e; hawaasicharraa deggarsa/barnoota	1.Deeggarsa Faayinaansii ☐ 2. Deeggarsa imoshinalii ☐ 3. Odeeffanno fayyaa wal hormaataa walii ☐			

	akkamii argatteetee?	qooduu 4. kan biro (ibsii) _____	
KUTAA III Odeeffannoo fayyaa wal quunnamtiif wal hormaataa			
130	Ji'oota 6n darban keessatti Waa'ee karoora maatii (raadiyoo; TV ykn karaa miidiiyaa hawaasummaaf maxxansaatiin dhageessee beektaa?	1.Eeyyeen ☐ 2.Lakkii /miti ☐	Deebiin kun eyyeen yoo ta'e gara gaffii 131 tti ce'i
131	Deebiin kun 'Eyyeen' yoo ta'e eergaa kana eessaa dhageessee/laalte?	1. Radio ☐ 2. TV ☐ 3. Media hawaasaa ☐ 4. Media maxxansaa ☐ 5. Ogeeyyii Fayyaarraa ☐ 6. kan biro ☐	

GALATOMMA!

Maqaa Sassaabaa Ragaa _____
Lakkoofsa Bilbilaa_____
Oogummaa _____
Guyyaa Ragaan Kun itti sassaabame _____
Mallattoo _____

VII የአማሪኛ የዳሰሳ የጥናቱ መጠይቅ

ዉድ የመጠይቁ መላሽ፡- ይዚህ የዳሰሳ ጥናት መጠይቅ ዋና ዓላማ ወጣቶች ያላቸዉ ማህበራዊ ግንኙነቶች ትስስር በወጣቶች የወደፊት የስነ ተዋልዶ ፍላጎት ላይ ያለዉን ተጽኖ ለማጥናት ሲሆን ጥናቱ የሚደረገዉ በኦሮሚያ ክልል በምስራቅ ሸዋ ዞን በቢሾፍቱ ከተማ በተመረጡ ቀበሌዎች ዉስጥ የሚኖሩ እድሚያቸዉ ከ15-29 ዓመት በሆናቸዉ ወጣቶች ላይ ነዉ ። እርሶ ለዚሁ ጥናት የተመረጡ ሲሆን የሚሰጡት መረጃ ከዚህ ዓላማ ዉጭ ለምንም ሌላ አገልግሎት የማይዉል መሆኑን እየገለጽን ሚስጥራዊነቱ የተጠበቀ መሆኑን እናረጋግጣለን።

የጥናቱ መጥይቅ ቅጽ - በመረጃ ሰብሳቢዎች የሚሞላ ይሆናል መረጃዉ የሚሰበሰበዉ ከዚህ በፊት ያላገቡ እና ልጅ ያልወለዱ እድሚያቸዉ ከ15-29 ከሆኑ ወጣቶች ነዉ::

ቀበሌ_____የተጠያቂው መለያ ቁጥር._____የጠያቂዉ መለያ

ቁጥር _____መረጃዉ የተሰበሰበት ቀን _____

ክፍል– I የማህበራዊ ኢኮኖሚያዊ መጠይቆች			
ተ.ቁ	ጥያቄዎች	አማራጭ መልሶች	ወደ ቀጣዩ ጥያቄ እለፍ
101	እድሜዎ ስንት ነዉ ?	በቁጥር ይገለጽ ☐	
102	ጸታዎ ምንድ ነዉ ?	1. ወንድ ☐ 2. ሴት ☐	
103	አሁን የሚኖሩት የት ነዉ ?	1. ከተማ ☐ 2. ገጠር ☐	
104	አሁን የቤተሰብ ሁኔታዎ እንዴት ነዉ ?	1. አላገባዉም ☐ 2. የሴት/የወንድ ጋደኛ አለኝ ☐	
105	የሚያምኑት እምነት ምንድ ነዉ ?	1. ኦርቶዶክስ ክርስቲያን ☐ 2. ፕሮቴስታንት ☐ 3. ካቶሊክ ☐ 4. እስልምና ☐ 5. ባህላዊ 6. ለሎች (ይገለጽ) _____	

106	የትምህርት ደረጃዎ ስንት ነዉ ?	1.የቀለም ትምህርት አልተማርኩም ☐ 2. የመጀመሪያ ደረጃ (1-8) ☐ 3. መካከለኛ ደረጃ ትምህርት (9-10) ☐ 4. ሁለተኛ ደረጃ ትምህርት (11-12) ☐ 5. ኮሌጅ ዲፕሎማ እና ከዚያ በላይ ☐	
107	የተሰማሩት በምን ስራ ላይ ነዉ ?	1. ተማሪ ☐ 2. ስራ የለኝም ☐ 3. የግል ስራ ነዉ የምሰራዉ ☐ 4. የመንግስት ሰራተኛ ነኝ ☐ 5. እደ_ጥበብ ባለሞያ ነኝ ☐ 6. የቀን ሰራተኛ ነኝ ☐	
108	ባለፉት 6 ወራት ከማን ጋር ነብር የኖሩት?	1.ከአባት እና ከእናቴ ጋር ☐ 2. ከአባት ወይም ከእናቴ ጋር ☐ 3. ከዘመድ ጋር ☐ 4.ከጋደኞቼ ጋር ☐ 5.ከተንከባካቢዎቼ ጋር ☐ 6. ብቻዬን ነዉ የምኖሪዉ ☐ 7.ሌሎች (ይገለጽ) _____	
109	ምን ያህል ወንድም እና እህቶች አሉህ/ አለሽ?	1. ጠቅላላ የወንድምና እህትቶች ብዛት ☐ 2. ወንድሞች ብዛት ☐ 3. የእህቶች ብዛት ☐	
110	የራሶ ወይም የቤተሰቦዎ ወራዊ ገቢ ስንት ነዉ (በኢትዮጵያ ብር ይገለጽ)?	1.በኢትዮጵያ ብር ይገለጽ ? _____	
ክፍል –II ስለወዲፊት የስነ ተዋልዶ ፋላጎቶች		በተጠቀሰዉ ቦታ ይህንን ምልክት ያድርጉ (✓)	
111	የግብረ ስጋ ግንኙነት አድርገዉ ያዉቃሉ ?	1. አዎ ☐ 2. አይደለም	አይደለ ም ከሆነ መለሰ ወደ ጥያቄ 113 ይለፉ
112	አዎ ከሆነ መለሶ የቤተሰብ ምጣኔ ይጠቀማሉ ?	1.አዎ ☐ 2. አይደለም ☐	

113	በስንት እድሜዎ ላይ ማግባት እና ቤተሰብ መመስረት ይፈልጋሉ ?	1. በአመት ይገለጽ _____			
114	ባሉት እድሜ የማግባት እድሎ እንዴት ምን ያህል ነዉ ብለዉ ይገለጹታል?	1.በጣም እርግጠኛ ነኝ 2. እርግጠኛ ነኝ 3. እርግጠኛ አይደለዉም 4. በጣም እርግጠኛ አይደለሁም			
115	በህይዎቶ ስንት ልጅ መዉለድ ይፈለጋሉ ?	1. ምንም ልጅ አልፈልግም 2. አንድ ልጅ 3. ሁለት ልጅ 4. ሶስት ልጅ 5. አራት እና ከዚያ በላይ 6. በቁጥር መግለጽ አልፈልግም			
116	በህይዎቶ መዉለድ የሚፈልጋቸዉ ልጆች የመዉለድ እድሎ ምን ይህል ነዉ ብለዉ ያማናሉ ?	1.በጣም እርግጠኛ ነኝ 2.እርግጠኛ ነኝ 3. እርግጠኛ አይደለሁም 4. በጣም እርግጠኛ አይደለሁም			
117	ምን ያህል የቅርብ ጋደኞች አሉህ / አለሽ?	1. ጠቅላላ የጋደኞችህ/የጋደኞችሽ ብዛት 2. የወንድ ጋደኞችህ/የጋደኞችሽ ብዛት 3. የሴት ጋደኞችህ/የጋደኞችሽ ብዛት			
118	ጋደኞችህ ወይም ጋደኛሽ በእድሜ ካንተ/ካንቺ ያንሳሉ፥እኩዮች ናቹ ወይስ ይበልጡሀል/ይበልጡሻል?	1.በእድሜ ያንሳሉ 2.በእድሜ ይበልጡኛል 3. እኩያሞች ነን			
119	ከታች በዝርዝር ከተገለጹት ስነ ተዋልዶ ጉዳዮች ዉስጥ ስለየትኞቹ ተወያይተዉ ያዉቃሉ ? **(✓)** ይህንን ምልክት ያድርጉ				
		ከጋደኞች ጋር	ከቤተሰቦች / ከተንከባካቢዎች /ከጠባቂዎች	ከጎረቤቶች ጋር	
120	ማግባት ስለሚፍልጉበት እድሜ	አዎ አይደለም	አዎ አይደለም	አዎ አይደለም	
121	መዉለድ ስለምፈልጋቸዉ ልጆች ብዛት	አዎ አይደለም	አዎ አይደለም	አዎ አይደለም	
122	ስለ ስነ ጾታ እና ስነ ተዋልዶ	አዎ አይደለም	አዎ አይደለም	አዎ አይደለም	

123	ስለ ቤተሰብ ምጣኔ	አዎ ☐ አይደለም ☐	አዎ ☐ አይደለም ☐	አዎ ☐ አይደለም ☐	
124	የወደፊት በስነ ተዋልዶ እቅዶ ላይ ከላይ የገለጻቸዉ ሰዎች ተጽኖ ፍጥሪዉቦታል ?	1.አዎ ☐ 2. አይደለም ☐			መልሱ አይደልም ከሆነ ወደ ተራቁጥር 128 ይለፉ
125	አዎ ከሆነ መልሶ ማን ነዉ ተጽኖ ያደሪገቦት ?	1.ከጋደኞቾ ☐ 2. ከቤተሰቦች/አሳዳጊዎች/ተንከባካቢዎች ☐ 3.ከጎሪቤቶቾዎ ☐			
126	በየተኛዉ እቅዶች ላይ ነዉ ተጽኖ ያደሪጎቦት?	1.ማግባት የሚፈልጉበት እድሜ ☐ 2.መዉለድ የሚፍልጉት ልጆች ብዛት ☐ 3. በሁለቱም ላይ ☐			
127	ያሳደሮቦትን ተጽኖ ደሪጃ እንዴት ይገልጹታል?	1.በጣም ከፍተኛ ☐ 1. ከፍተኛ ☐ 2. ዝቅተኛ ☐ 3. በጣም ዝቅተኛ ☐			
128	ከላይ ከገለጻቸዉ ሰዎች ድጋፍ አግኝተዉ ያዉቃሉ?	1.አዎ ☐ 2. አይደለም ☐			አይደለም ከሆነ መለሰ ወደ ጥያቄ 130 ይለፍ
129	አዎ ከሆነ መለሶ ምን አይነት ድጋፍ ነዉ ያገኙት?	1.የገንዝብ ድጋፍ ☐ 2. የስነ ልቦና ድጋፍ ☐ 3. የስነ ተዋልዶ ጤና መሪጃ ☐ 4. ለሎች (ይገለጽ) _____			
ክፍል III የዘመናዊ ወሊድ መቆጣጠሪያ መጠይቆች					
130	ባለፉት 6 ወራት ስለ ዘመናዊ የወሊድ መቆጣጠሪያ ከራዲዎ፥ ከቲቪ ፥ ከማህበራዊ ሚዲያዎ ወይም ከታተሙ ህትመቶች ሰምተዉ ያዉቃሉ?	1. አዎ ☐ 4. አይደለም ☐			አይደለም ከሆነ መልሶ ወደ ጥያቄ 131 ይለፉ

131	አዎ ከሆነ መልሶ መሪጃዉን ከየት ነዉ ያገኙት? ከአንድ በላይ መልስ መስጠት ይቻላል ።	1. ከራዲዎ 2. ከቲቪ 3. ከማህበራዊ ሚዲያ 4. ከህትመቶች 5. ከጤና ባለሞያዎች 6. ከሌሎች ካለ ይገለጽ_____	

እናመሰግናለን !