

Addis Ababa University, College of health science

School of public health



**Knowledge and utilization of modern contraceptive method
and determinant factors among women beggars
in Addis Ababa, Ethiopia**

BY

MeazaTeguadie

Advisores-MulukenGizaw (MPH, PHD fellow)

- BerhanTassew (MPH)

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ABBREVIATION AND ACRONYMS

| | |
|-------|---|
| AA | Addis Ababa |
| AIDS | Acquired Immuno Deficiency Syndrome |
| AOR | Adjusted Odds Ratio |
| CI | Confidence Interval |
| COR | Crude Odds Ratio |
| CPR | Contraceptive Prevalence Rate |
| CSA | Central Statistical Agency |
| EDHS | Ethiopia Demographic and Health Survey |
| EMDHS | Ethiopia Mini Demographic Health Survey |
| EPI | Ethiopian Public Health Institute |
| FMOH | Federal Ministry of Health |
| FP | Family Planning |
| GDP | Gross Domestic Product |
| HIV | Human Immune Deficiency Virus |
| IUCD | Intra Uterine Contraceptive Device |
| LMICs | Low and Middle Income Countries |
| OCP | Oral Contraceptive Pills |
| OR | Odds Ratio |
| STI | Sexually Transmitted Infection |
| SD | Standard Deviation |

ABSTRACT

Introduction: There was a gap between the rich and poor society in the use of contraception and it had persisted despite general global improvements in socioeconomic status and the expansion of family planning services. Modern contraceptive utilization was one of the services of reproductive health and its utilization had many challenges in poor societies in terms of desire and access of the service comparing from the higher class of the society. Women in the segment of low socio economic class of the population like female beggars were not well addressed in the reproductive health services.

Objective: The objective of this study was to assess knowledge and utilization of modern contraceptive method and determinant factors among women beggars in Addis Ababa, Ethiopia. From March 28 up to April 2 /2019.

Method: The study was conducted in Addis Ababa on women beggars by community based cross sectional study on selected three sub cities. A total of 326 women beggars were interviewed using a structured questionnaire. Data was transferred from epi info database to SPSS database using stat transfer for analysis. Logistic regression analysis was fitted and odds ratios with 95% Confidence intervals was computed to identify factors associated with utilization of modern contraceptive method.

Result: A total of 326 women respondents enrolled at begging activity were included in the study. The participants were between 15-49 years with the mean age of 27 and standard deviation of 6.2 years and 87.1% of them knew about contraceptive and 38.0% of them were recently using modern contraceptive. Primary education, read and write and perception of unwanted pregnancy was preventable were significantly associated with modern contraceptive knowledge ($p < 0.05$). Women who were married [AOR=0.12 (0.05, 0.29)] was significantly associated with contraceptive utilization. Getting contraceptive at government health center [AOR=0.18 (0.08, 0.44)] was significantly associated with contraceptive utilization.

Conclusion and Recommendation: This study showed that modern contraceptive utilization among women beggar was improving and their utilization of Injectable, Implant and IUCD were good but there was lack of understanding the different types and purpose of modern contraceptive method especially about emergency contraceptive and condom. There were different challenges in women beggars than the other women for utilization of modern contraceptive method.

INTRODUCTION

1.1 Back ground

Fertility and future projected population growth are much higher in sub-Saharan Africa than in any other region of the world, and uncontrolled population growth will hinder the attainment of development and health goals in Africa (1)

Poor access and low contraceptive prevalence are common to many Low- and Middle-Income Countries (LMICs). There is still a lag in contraceptive uptake across regions resulting in high unmet need due to various socioeconomic and cultural factors (3).

About 222 million women in developing countries are thought to have an unmet need for a modern method of family planning (2). According to the EDHS, 2019 25% of currently married women have an unmet need for family planning 16% for spacing and 9% for limiting. Unmet need for family planning is the number of women who do not use family planning as a result of fear of side effects, prohibition from husband, prohibition from religion and in accessibility.

Almost 600,000 women each year die due to pregnancy related causes and 99 percent of them were in developing countries. There was a gap between the rich and poor society in the use of contraception and it has persisted despite general global improvements in socioeconomic status and the expansion of family planning services (6).

For the improvement of contraceptive utilization there were basic need women should to have which are readiness, willingness and ability to use modern contraceptive (4) In societies where begging was common, women with infants and children often head the list of those considered justified in begging so women beggars thinks that having baby beside them increase the chance of getting more money than a women without a baby. This was especially the case in places where there are limited options for women if abandoned or widowed. But in all societies, begging has been routinely considered an acceptable way, and in some cases the only way, for people with disabilities to make a living outside the home. In many societies there was a strong association between poverty, disability and begging. In Ethiopia around 15million people are reported have disability and begging was an activity which allows an individual to call up on people with whom he or she has no close ties for small donations to meet basic needs it was a mechanism through which the community ensures that its very poorest members will not starve them self (5).

1.2 Statement of the problem

Global health has improved considerably over the last four decades, but everywhere the health status of the poor compares low with that of the high section of society. Health disparities between the rich and poor remain an intractable challenge. The poor do not have the same access to life saving and health maintaining interventions as the rich, yet they need the same healthy lives as those who are economically better (7).

The gap between the rich and the poor in the uses of contraception has persisted despite general global improvement in GDP and the expansion of family planning services (8). There was a negative perception of modern contraception method and the dual role of condom for contraception and STI prevention in the lower class of the society despite the challenges of desire or access in service (8).

Family planning plays a great role in population growth, poverty reduction and human development. Failure to sustain family planning program will lead to increase population growth and poorer health worldwide especially among the poor which were more disadvantageous both at home and community level (9).

Contraception was a major component of reproductive health which helps women in preventing from unintended pregnancy, unsafe abortion and complication from pregnancy. Women in the segment of low socio economic class of the population were not well addressed in the utilization of contraceptive service. Female beggars were one of the disadvantaged women suffer from the highest burden of sexual and reproductive health problem since they lack resource for appropriate health service and knowledge to maintain reproductive health in our country (10). Mini Demographic and Health Survey Key indicators, 2019 showed recent CPR among married women of age 15-19 was 37% increase to 52% among 20-24 age and overall 41% of married women use modern contraceptive. A study done on reproductive health service on female beggars show contraceptive utilization was 37% in reproductive age group (11). A study did not show different factors which influence the service among these people.

As far as to my knowledge there was no enough recent study done on different factors which influence the utilization of modern contraceptive among women beggars and this study may give some information about these groups of people.

1.3 Significance of the study

There was one study done on reproductive health service of female beggars including antenatal care, post natal care, delivery care, abortion care, family planning and HIV/STI transmission. The study did not show their knowledge status about different types of modern contraceptive method and factors which inhibit the service. Despite it's public health importance these group of people did not have well concerned part of the government and they were living on the street, become pregnant on the street again they give birth on the street and the cycle repeat itself. This study can give some information about their knowledge and practice of modern contraceptive method and determinant factors in utilization of the service and help in designing appropriate intervention to improve the health of the mother and child of this population, because interventions in the field of family planning are among the most cost-effective health intervention especially for developing countries.

1.4. Literature Review

Knowledge of female beggars about contraceptive and their utilization can be determined by different factors. Female beggars were very neglected part of a society which make them to have low utilization of the reproductive health services, one of this was contraceptive utilization. Now a day it becomes common to see a women holding two or three children beside her and begging on a street. Almost 600,000 women each year die due to pregnancy related causes and 99 percent of them were in developing countries. There was a gap between the rich and poor society in the use of contraception and it has persisted despite general global improvements in socioeconomic status and the expansion of family planning services (6).

Knowledge and Utilization of modern contraceptive

A study done on assessment of reproductive health service, utilization and associated factors among women beggars and reproductive age group in Addis Ababa show majority of the study participants 92.6% heard about family planning and women who ever used modern contraceptive were 65.8% and current use was 37%. This study also show 37% of them had history of unwanted pregnancy at least once in their life time and the reason for un wanted pregnancy was not thinking of using contraceptive 35.7% then poor awareness about contraceptive 27%, difficulty of getting contraceptive 19.6% and history of rape accounted 10.7% .The beggars want to have children because they think they can get more money and food when they hold the babies (10).

A study done on awareness and utilization of modern contraceptive among street women in North- West Ethiopia show majority 90.7% had ever heard about modern contraceptive .nearly half 47% had ever used and 34% were current users and their current contraceptive use among street women was considered as satisfactory in this study but their life styles and living conditions should exposed them for other Reproductive health problems (12). The circumstances in which street children live and work increase their vulnerability to sexual exploitation and abuse and put them at a higher risk of unintended pregnancies, sexually transmitted infections and HIV/AIDS. The problem was further compounded by the lack of access to sexual and reproductive health information and services (13).

Factors determining contraceptive utilization

A book of National academies press reveal, to reverse the low use of modern family planning method in most of western Africa and in some eastern African countries, contraceptive services need to be made more accessible. This calls for large new investments and for vigorous information campaigns to address unfavorable attitudes towards family planning (4).

A mixed –method phenomenological study conducted in western Ethiopia, Oromia region indicate ,Ethiopia government had so far improved access to contraceptives, utilization was lagging, mainly due to religious influences and limited contraceptives knowledge in the community(14) .

Study done on Perceptions of and barriers to family planning services in the poorest regions of Chiapas, Mexico indicates Respondents were aware of many modern methods but often lacked deeper knowledge and held misconceptions about long-term fertility risks posed by some hormones(15).

People with disability are more involved in begging activity because their thinking and society acceptance was more to be beggar than those who are not disabled so attention should be given to develop a survey by open-ended qualitative questions at a national level and give a solution to break the cycle in the future (16).

Challenges faced by women with disabilities in accessing sexual and reproductive health in Zimbabwe was a study done by qualitative research design in depth interview show that there were a number of challenges in accessing sexual and reproductive health service like attitudinal barriers, physical barriers ,lack of privacy ,cost of service and lack of sign language (17).

A study done on 13 countries in sub-Saharan Africa; to assess changes in met need for contraception associated with wealth-related inequity; and to describe the relationship between the use of long-term versus short-term contraceptive methods and a woman's fertility intentions and household wealth shows that, the use of contraception has increased substantially between survey in Ethiopia, Madagascar, Mozambique, Namibia and Zambia but has declined slightly in Kenya, Senegal and Uganda. Wealth-related inequalities in the met need for contraception have decreased in most countries and especially so in Mozambique, but they have increased in Kenya,

Uganda and Zambia with regard to spacing births, and in Malawi, Senegal, Uganda, the United Republic of Tanzania and Zambia with regard to limiting childbearing. After adjustment for fertility intention, women in the richest wealth quintile were more likely than those in the poorest quintile to practice long-term contraception and the study conclude that Family planning programs in sub-Saharan Africa show varying success in reaching all social segments, but inequities persist in all countries (18).

Data from most research which was written on demographic health survey indicates women economic status, educational status and empowerment condition have direct linkage to the uptake of the most basic maternal health service and maternal survival which include modern contraceptive use, antenatal care and skilled birth attendant (6)

A systematic review of qualitative research on limits to modern contraceptive use among young women in developing countries indicates an increasing modern contraceptive method use requires community-wide, multifaceted interventions and the combined provision of information, life skills, support and access to youth-friendly services. Interventions should aim to counter negative perceptions of modern contraceptive methods and the dual role of condoms for contraception and STI prevention should be exploited, despite the challenges involved (19). In pop line health with a topic of First thing First meeting basic human needs in the developing countries, indicates better education, nutrition, and health were beneficial in reducing fertility, raising labor and productivity, enhancing people's adaptability and capacity for change, and creating a political environment for stable development. The more pressing basic needs can be met successfully even at quite low levels of income per head, without sacrificing economic growth. The country studies showed that even in the short-term there was considerable scope for improving basic needs performance by the better management of resources. It is evident that the redirection of policies toward meeting basic needs often requires major changes in the power balance in a society (20).

The study done in Pakistan on factors determining the health behavior seen in various contexts: physical, socioeconomic, cultural and political. Therefore the utilization of health care system, public or private, formal or non- formal depends on socio demographic, social structure, level of education, cultural belief and practices, status of women and health care system (21).

Women autonomy was determined by three areas: control over finances, decision making power and freedom of movement and the influence of women autonomy on the use of health care appears to be as important as other known determinants such as education (22).

Contraception was a powerful tool to promote equity between sexes; it improves women's status in the family and in the community. Avoiding pregnancy during the teens increases opportunities for a young woman's education, training and employment. By controlling their fertility, women get a chance to contribute economically to their household, which in turn may give them a greater share in decision-making. There were other specific areas in which contraception had produced beneficial social effects, first and for most for reducing the need for induced abortion. It had also helped avoiding sexually- transmitted infections and was a very useful tool for educating youngsters to adopt more responsible sexual behaviors. Interventions in the field of family planning were among the most cost-effective health interventions (23).

Conceptual framework: The conceptual frame work was developed by reading different related literatures

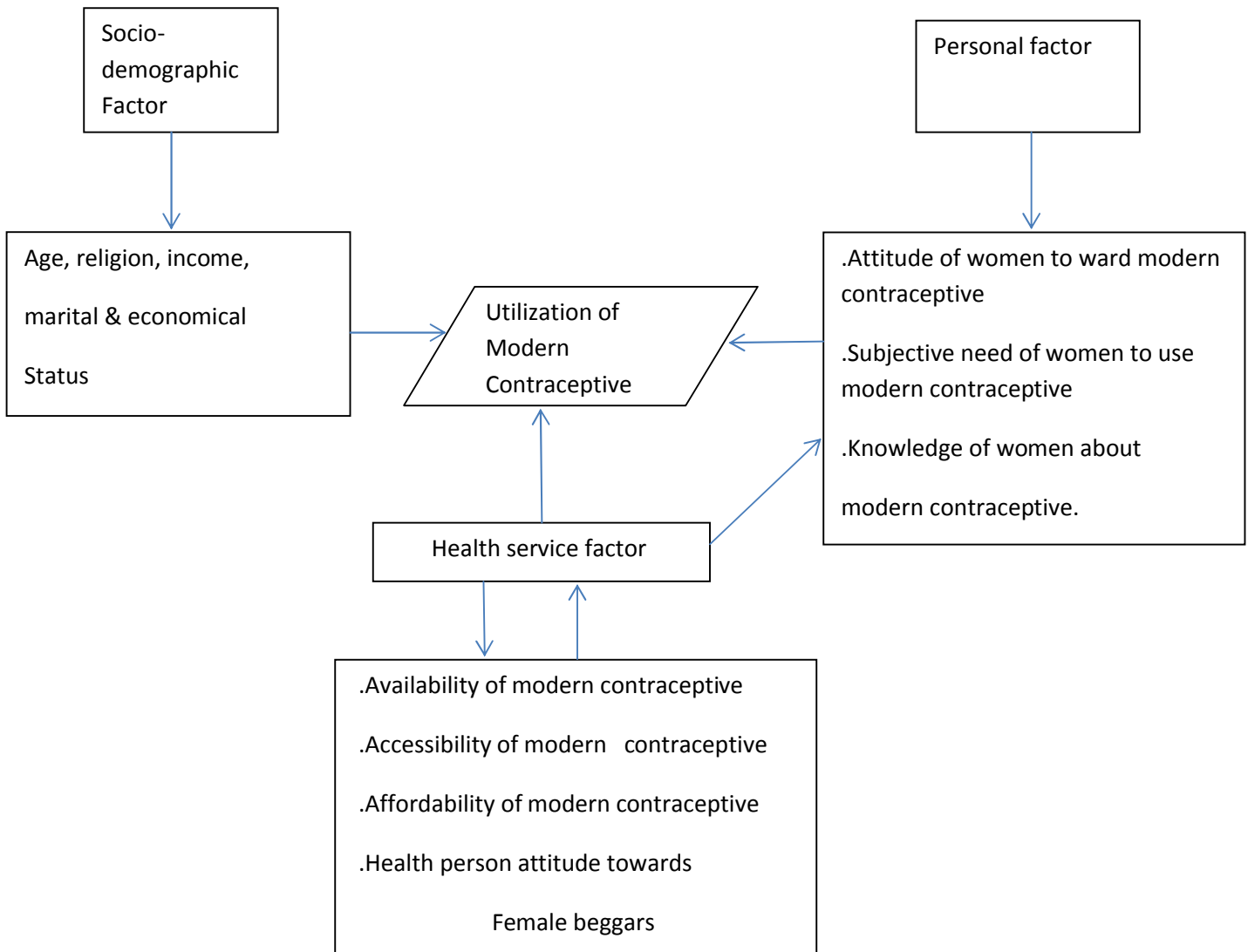


Figure 1: Conceptual frame work on utilization of modern contraceptive methods and determinant factors among women beggars

2. Objectives

2.1 General objective

- To assess knowledge and utilization of modern contraceptive method and determinant factors among women beggars in Addis Ababa.

2.2 Specific objectives

- To assess knowledge of women beggars about modern contraceptive method in Addis Ababa, Ethiopia
- To determine the level of utilization of modern contraceptive method among women beggars in Addis Ababa, Ethiopia
- To examine determinant factors for utilization of modern contraceptive method among women beggars in Addis Ababa, Ethiopia

3. Method

3.1 Study area and period

This study was conducted in Addis Ababa, the capital city of Ethiopia. The city contains ten sub cities and out of ten sub city three sub cities were included in the study. It is the largest city in Ethiopia with area of 527 km square, with a population of 3,384,569 according to the 2007 population census with an annual growth rate of 3.8%.The study was done from March 28 up to April 2, 2019.

3.2 Study design

Community based cross-sectional study was done in selected sub cities.

3.3 Source population and study population

.Source population

Source population was all women beggars in reproductive age group found in Addis Ababa.

.Study population

Study population was women beggars in reproductive age group found in selected sub city at the time of data collection

3.4 Sample size

.For the first specific objective

Sample size was determined by using Epi Info with absolute precision of 5% and confidence limit 95%.

To calculate sample size for knowledge of female beggars about modern contraceptive

Two sided confidence level= 95%

Power = 80%

Ratio of unexposed to exposed= 1:1

Outcome in unexposed group =50%

Odds ratio=2

Considering 10% of non-response rate total sample size was 326

. For the second specific objective

The study done on assessment of reproductive health service utilization and associated factors among women beggars in Addis Ababa shows there utilization was 37%

$$n = \frac{(1.96)^2 * 0.4(1-0.4)}{(0.05)^2} = 369, \text{ adding 10\% non response} = 406$$

. For the third specific objective

Sample size was determined by using Epi Info with absolute precision of 5% and confidence limit 95%.

To calculate sample size for determinant factors for utilization of contraceptive

Two sided confidence level= 95%

Power = 80%

Ratio of unexposed to exposed= 1:1

Outcome in unexposed group =50%

Odds ratio=2

Considering 10% of non-response rate total sample size was 326

- For this study I use 326 sample size.

3.5 Sampling methods

A multi-stage sampling technique was used. From the ten sub cities three sub cities were selected randomly using lottery method, then from the selected sub cities again fifteen woredas were selected randomly /five woreda from each sub city/. Since there was no data on the exact number of women beggars in each woreda by equal population proportion distribution of women beggars, 22 women beggars found around Church, Mosques and Street were included in the study from each woreda .

Schematic presentation of the sampling procedure

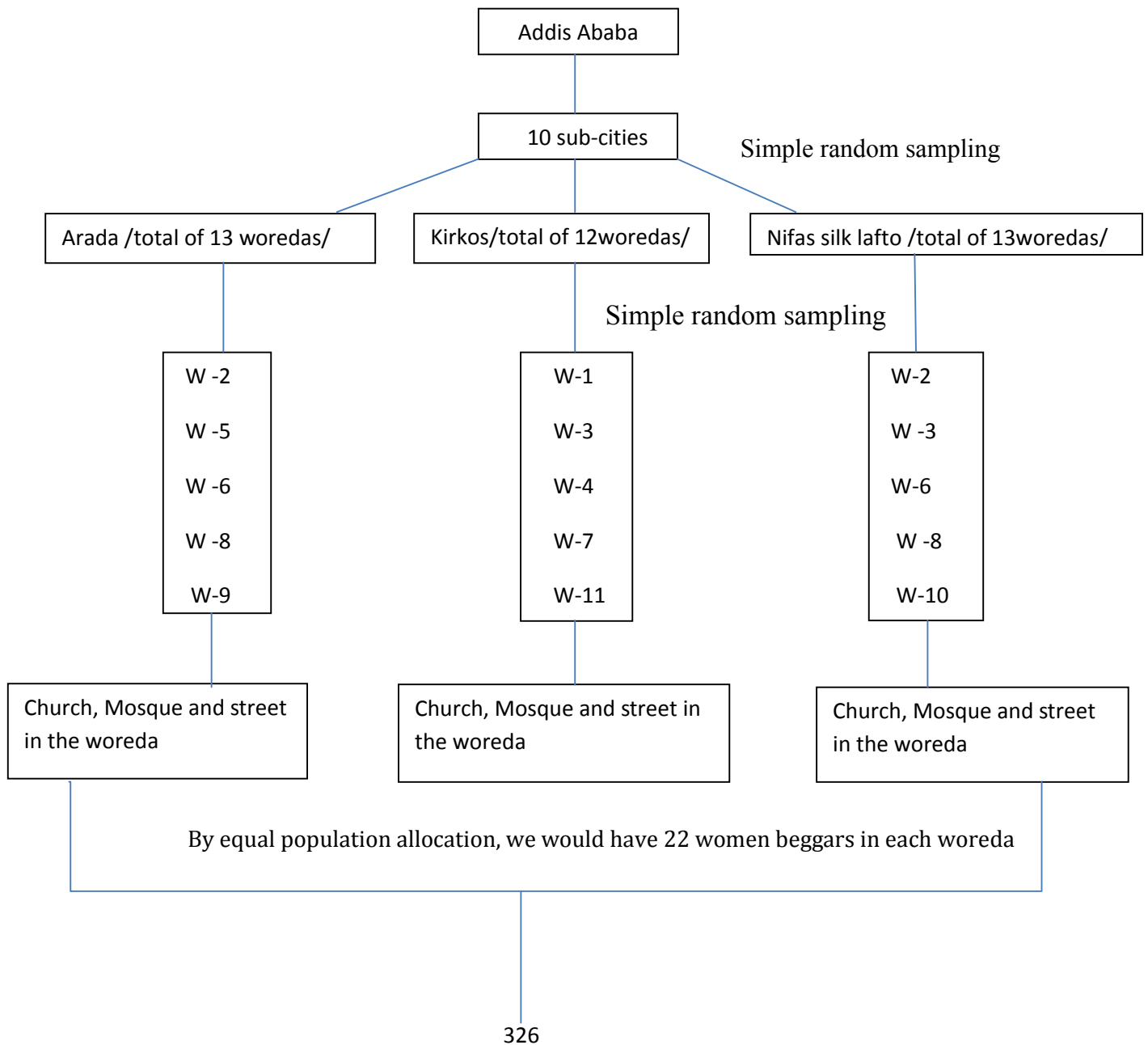


Figure 2: Schematic presentation of the sampling procedure

3.6 Inclusion and Exclusion criteria

- Inclusion criteria

Women in child bearing age and who stay in this job by living in the same residence for the past six month or above and involved in begging activity on the day of data collection on the Street, Church or Mosque

- Exclusion criteria

Mentally ill and physically sick female beggar

3.7 Study variables and measurements

- Independent variables

- Age (in years)
- Religion (Orthodox, Muslim, Protestant, Catholic, other)
- Educational status (Illiterate, Read and Write only, Primary, Secondary, Tertiary)
- Income (<20birr, 20-30birr, 30- 40birr, > 40birr)
- Marital status (Married, Single, Divorce, Widowed)
- Subjective desire
 - knowledge of modern contraceptive
 - Attitude of women to use modern contraception
- Availability, Affordability and Accessibility of the service
- Attitude of health person towards female beggars

- Dependent variable

. Utilization of modern contraceptive

3.8 Data collection procedures

The data collection format was prepared in simple and understandable English language and then it was translated to Amharic language. The translation was tested by different individuals and based on the necessary findings or information gathered from the pretest, different adjustment and restructuring the questionnaire was performed. The tool was pretested structured questionnaire which was administered by four trained high school students on face to face interview and two diploma nurses for supervision. Training was given by the principal investigator to all data collectors and supervisors on the rational, objective, the process and technique of data collection and the inclusion and exclusion criteria and about confidentiality and consent for consecutive two day.

Pretesting of the question was conducted in non -selected sub cities prior to the actual data collection. The questioner contains question on socio demography, knowledge, Utilization and determinant factors for utilization of modern contraceptive method, In order to check for its clarity, understandability and simplicity in getting what it was aimed at and also for its redundancy and sequential order. Interview was conducted after informing about the purpose of the study intensively for each subject by the principal interviewers to get the reliable data. The principal investigator was coordinate, monitor and provide the necessary technical support on the overall data collection process and procedure to ensure data quality and completeness.

3.9 Data quality assurance

Data quality was assured using different techniques in every steps of the study.

Before the actual data collection: structured questionnaire was developed originally in English and then translated into Amharic. The translation was tested by different professionals (individuals) and based on the necessary findings or information gathered from the pretest, different adjustment and restructuring the questionnaire was performed.

During the actual data collection: the principal investigator worked together with the data collectors to observe the collection process and continuous follow up and supervision was strictly practiced by the supervisors and principal investigator. The collected data also checked daily for consistency and completeness by the principal investigator.

After the data collection: The collected data coded and entered properly in to Epi-info version 7 and exported to SPSS version 22 for analysis. Frequency and cross tabulation used to clean the data by checking missed values, outliers and inconsistencies. Any error identified at this stage corrected after revision of the original data using code number.

3.10 Operational Definitions

.Beggars- A person who lives by asking people for money or food

Begging and economic dependency is understandably a complex issue in Ethiopia context. It has religious, cultural, historical, political and economic element which makes it difficult to find a clear cut point that will satisfy everyone.

.knowledge about family planning - Having special interest in or experience of some method of contraceptive and so knowing what is happening in that

.Availability of family planning - The fact that contraception can be bought, used or reached

.Accessibility of family planning - Extent to which a consumer or user can obtain a contraceptive service at the time it is needed

.Affordability of family planning- The state of being cheap enough for female beggar to be able to buy

.Utilization of family planning- The action of making practical and effective use of contraceptive

. Modern contraceptive methods - include female sterilization, male sterilization, the intrauterine contraceptive device (IUCD), Implant-Norplant, injectable, the pill, male condoms, female condoms, emergency contraception and breast feeding.

.Unmet need – The proportion of women wishing to limit or post pone child birth but not using contraception (A scoping review on determinants of un meet need for family planning among women of reproductive age in low and middle income countries)

3.11 Ethical consideration

Official letter was written from Addis Ababa University, College of Health Science, School of Public Health Research and Ethics Committee to Addis Ababa Health Bureau for the Permission to conduct the study. All the necessary explanation about the purpose of the study and its procedures was explained to the respondent with the assurance of confidentiality. All the participants were provided information, explaining the purpose of the study and their right to anonymity and confidentiality. The right not to participate in the study without any consequences should be provided. Consent forms would be signed by all participants. Signing of consent forms also ensures the researcher was legally bound to respect the anonymity and confidentiality of the respondents. Participation in the study was voluntary and participants had the right to withdraw from the study.

3.12 Dissemination of results

The result of the study will be presented to Addis Ababa University, College of Health Science, School of Public Health as thesis of Master of Public Health and it will also be distributed to Addis Ababa Health Bureau and to three sub city Health Office. It can be present in different conference and publication of the paper.

4. Result

4.1 Basic socio –demographic characteristics of the respondents.

A total of 326 women beggars were included in the study with a response rate of 100% .The participants were between 16-49 years with a mean age of 27 and standard deviation of 6.2years. By the age group majority of the participants (81.3%) were between the age of 20-35years.The respondents are predominantly Orthodox follower (58.9%) followed by Muslim (26.7%). Married were (37.4%) and Illiterate accounted (51.2%). The majorities daily income was 20-30 birr (50.9%) followed by 30-40 birr (27.3%).

Table1: Socio-Demographic Characteristics of women beggars in selected sub cities Addis Ababa, Ethiopia, 2019

| Variable | Option | Frequency | Percentage |
|----------------------------|-------------------|-----------|------------|
| Age (n=326) | 16-24 | 104 | 31.9% |
| | 25-34 | 164 | 50.3% |
| | 35-44 | 55 | 16.9% |
| | 45-49 | 3 | 0.9% |
| Marital status (n=326) | Married | 122 | 37.4% |
| | Divorce | 82 | 25.2% |
| | Single | 79 | 24.2% |
| | Widowed | 43 | 13.2% |
| Educational status (n=326) | Illiterate | 167 | 51.2% |
| | Read & write only | 122 | 37.4% |
| | Primary education | 37 | 11.3% |
| Daily in come (n=326) | <20 birr | 36 | 11.0% |
| | 20-30 birr | 166 | 50.9% |
| | 30-40 birr | 89 | 27.3% |
| | >40 birr | 35 | 10.7% |

4.2 Knowledge of women beggars about modern contraceptive.

4.2.1 Knowledge about types of modern contraceptive

From the participants 87.2% of them know about modern contraceptive and 12.8% of them did not know about modern contraceptive.

From the study participants 209 (73.6%) of them had knowledge about injectable type of contraceptive followed by oral contraceptive method 194 (68.3%) then Norplant 102 (35.9%) and IUCD 101 (35.6%) the last was condom 88 (31%). This figure is different from the answer they gave for knowledge about prevention of unwanted pregnancy and HIV/AIDS by condom because most of them did not think that condom used for contraceptive method but they know it used for prevention of HIV/AIDS.

4.2.2 Source of information about modern contraceptive

Most of the respondents 181 (63.7%) heard from their friends (neighbor) then from health facility 163(57.4%) those heard from mass media were 77 (27.1%) and other accounts about 13(4.6%).

4.2.3 Knowledge about purpose of modern contraceptive

The answer of the majority was to avoid pregnancy 249 (87.6%) followed by to delay pregnancy which was 125 (44%) and to interrupt pregnancy 13 (4.6%).

4.2.4 Fear of side effect of modern contraceptive

From the respondents about 73 (25.7%) of them have a fear of irregularity of menstruation and those who answered it can cause disease accounted 42 (14.8%) followed by it bring infertility accounted 33 (11.6%) and those who answer it cause obesity were 26 (9.2%).

Table 2: Knowledge of women beggars about modern contraceptive method in selected sub cities Addis Ababa, Ethiopia, 2019

| Variable | Option | Frequency | Percentage |
|---|------------------------------|-----------|------------|
| Purpose of contraceptive | To avoid pregnancy | 249 | 87.6% |
| | To delay pregnancy | 125 | 44.0% |
| | To interrupt pregnancy | 13 | 4.6% |
| Side effect of contraceptive (n=128) | Cause menstrual irregularity | 73 | 57.0% |
| | It bring disease | 42 | 32.8% |
| | It bring infertility | 33 | 25.8% |
| | It increase weight | 26 | 20.3% |
| Prevention of both unwanted Pregnancy & HIV/STI by Condom | Yes | 169 | 59.5% |
| | No | 115 | 40.5% |
| Knowing about emergency Contraceptive | Yes | 53 | 18.6% |
| | No | 231 | 81.3% |
| Knowing about female and Male contraceptive | Yes | 64 | 22.5% |
| | No | 220 | 77.5% |
| Knowing of breast feeding Can use as a means of Contraceptive | Yes | 72 | 25.4% |
| | No | 212 | 74.6% |

4.3 Utilization of modern contraceptive by women beggars

4.3.1 Purpose of ever used contraceptive

From those who ever used contraceptive before majority of the respondents 127 (72.6%) answer the purpose of modern contraceptive was to avoid pregnancy followed by to delay pregnancy 60 (34.3%) and then to interrupt pregnancy accounted 3 (1.7%)

4.3.2 Reason for not using contraceptive

From those who were not using contraceptive before, most of them 84 (47.7%) answer as they were not sexually active for the time being then reason of wanting more children were 72 (40.1%) followed by difficulty of getting contraceptive 14 (7.9%) and those who answered their husband did not agree were 9 (5.1%) and fear of side effect accounted 4 (2.3%).

4.3.3 Reason for unwanted pregnancy

Out of those respondents who face unwanted pregnancy, majority of them 71 (62.3%) had the reason of not using any contraceptive then history of rape accounted 29 (25.4%) followed by reason of missing their contraceptive was 13 (11.4%)

Table 3: Utilization of modern contraceptive by women beggars in selected sub city Addis Ababa, Ethiopia, 2019.

| Variable | Option | Frequency | Percentage |
|--|-------------------------|-----------|------------|
| Ever used contraceptive (n=284) | Yes | 175 | 61.6% |
| | No | 109 | 38.4% |
| Type of contraceptive ever used (n=175) | Injectable | 114 | 65.1% |
| | Oral contraceptive pill | 45 | 25.7% |
| | Norplant | 29 | 16.6% |
| | IUCD | 23 | 13.1% |
| | Condom | 13 | 7.4% |
| Recent status of women beggars In using contraceptive (n=284) | Yes | 108 | 38.0% |
| | No | 176 | 61.9% |
| Type of contraceptive Using now (n=108) | Injectable | 53 | 49.1% |
| | Norplant | 19 | 17.6% |
| | IUCD | 18 | 16.7 % |
| | Oral contraceptive pill | 16 | 14.8 % |
| | Condom | 3 | 2.8% |

Table 4: Determinant factors in utilizing Modern contraceptive method among women beggars in selected sub city Addis Ababa, Ethiopia, 2019.

| Variable | Option | Frequency | Percentage |
|--|-----------------------------|-----------|------------|
| Reason for not using Contraceptive (n=176) | I am not sexually active | 84 | 47.7% |
| | I want more children | 72 | 40.1% |
| | Difficult to get | 14 | 7.9% |
| | My husband did not agree | 9 | 5.1% |
| | Fear of side effect | 4 | 2.7% |
| Health facility from where They ever get the service (n=175) | Government health center | 145 | 82.9% |
| | Government hospital | 49 | 28.0% |
| | Pharmacy | 9 | 5.1% |
| | Private clinic | 2 | 1.1% |
| History of unwanted Pregnancy (284) | Yes | 114 | 40.1% |
| | No | 170 | 59.9% |
| Reason for unwanted Pregnancy (n=114) | not using any contraceptive | 71 | 62.3% |
| | History of rape | 29 | 25.4% |
| | I miss my contraceptive | 13 | 11.4% |
| Ever used emergency Contraceptive (n=284) | Yes | 15 | 5.3% |
| | No | 269 | 94.7% |
| Using breast feeding as means of contraceptive (n=284) | Yes | 22 | 7.7% |
| | No | 262 | 92.3% |

4.4: Perception of women beggars towards modern contraceptive and determinant factors for the utilization of modern contraceptive

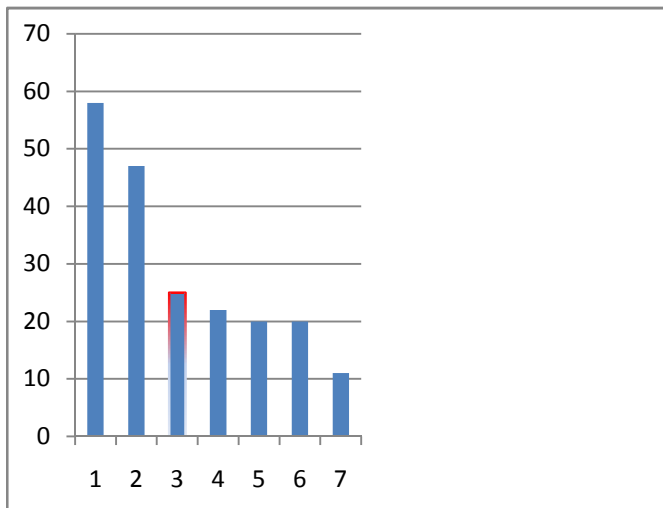
From the study participants 67.8% of them agreed that contraceptive was important for women beggars and 5.2% disagreed and 14.1% of them neutral. 68.4% of the respondents agreed that unwanted pregnancy was preventable and 5.8% of them disagreed and 12.8% of them were neutral. Out of the participants 52.4% of them respond that getting contraceptive was not difficult for women beggars and 39.8% of them respond it was difficult. From 122 married women beggars 75.4% of them their husbands agreed with them in utilization of contraceptive. Those women beggars whose husband did not agree in using contraceptive were 24.6%.

4.4.1 Determinant factors in using modern contraceptive

From those who answered getting contraceptive was difficult, majority 58 (51.3%) was perceived that attitude of health personnel was not good for them followed by social reason 47 (41.6%) availability of the service accounted around 25 (22.1%) and distance of health facility accounted 22 (19.5%) then waiting time 20 (17.7%) physical reason 20 (17.7%) and cost of the service was 11 (9.7%).

4.4.2 Reason of husbands for not using contraceptive

Those women beggars whose husbands did not agree in using contraceptive, the reason was to have more children 14 (46.7%) then fear of infertility for their wives 6 (20%) and fear of side effect was 3 (10%) and 11 (36.7%) had other reason like religious and fear of sexual interference.



- 1= Health personnel attitude
- 2=Social reason
- 3=Availability of the service
- 4=Distance of health facility
- 5=Waiting time
- 6=Physical reason
- 7=Cost of Service

Figure 3: Perception of women beggars for not using modern contraceptive in Addis Ababa, selected sub city, 2019.

Table 5: Factors associated with modern contraceptive utilization and determinant factors of respondents in Addis Ababa, Ethiopia, 2019.

| Explanatory Variable | COR (95%CI) | P-v | AOR (95%CI) | P-v |
|--|---------------------|---------|---------------------|---------|
| Educational status (Primary education, read & write) | 0.93(0.87, 1.02) | 0.017* | 3.88(0.44, 9.52) | 0.073 |
| Ever used contraceptive with | | | | |
| -Marital status | | | | |
| Married | 0.78(0.22, 2.70) | 0.69 | 0.54(0.18, 1.58) | 0.026* |
| Single | 1.21(0.44, 3.32) | 0.71 | 2.2(0.73, 6.82) | 0.16 |
| Divorce | 0.76(0.27, 2.11) | 0.61 | 1.28(0.43, 3.77) | 0.66 |
| -Recent contraceptive use with marital status | | | | |
| Married | 4.85(1.42, 16.3) | 0.012* | 0.12(0.05, 0.29) | 0.001** |
| Single | 2.03(0.56, 7.4) | 0.28 | 1.22(0.45, 3.32) | 0.69 |
| Divorce | 1.21(0.44, 3.31) | 0.71 | 1.29(0.47, 3.50) | 0.62 |
| -Place where they got the service | | | | |
| Government health center | 0.027(0.009, 0.077) | 0.039 * | 0.18(0.076, 0.44) | 0.03* |
| -Purpose of contraceptive | | | | |
| To avoid pregnancy | 0.39(0.28, 0.42) | 0.01* | 0.011(0.003, 0.039) | 0.001** |
| To delay pregnancy | 0.25(0.14, 0.46) | 0.000 | 0.37(0.19, 0.52) | 0.021 * |
| -Contraceptive use with number of children | | | | |
| One child | 0.36(0.24, 0.45) | 0.38 | 0.55 (0.15, 1.53) | 0.21 |
| Three children | 0.65(0.39, 0.71) | 0.19 | 0.23 (0.065, 0.84) | 0.25 |
| -Those who had knowledge, use contraceptive | 0.02(0.02, 0.06) | 0.000 | 1.00 (0.55, 1.03) | 0.9 |

Note:*=0.05-0.01**=0.01-0.001***=<0.001

4.5: Factors associated with modern contraceptive utilization.

Women educational status was significantly associated with contraceptive utilization [AOR=3.88(0.44, 9.52)]. The purpose of modern contraceptive was significantly associated with avoidance of pregnancy [AOR=0.011(0.003, 0.039)].

Multivariate logistic regression analysis revealed that the odds of ever used modern contraceptive among single, divorced and widowed women beggars was 56% times lower than those who were married [AOR=0.54(0.18,1.58)]. On the other hand recent utilization of modern contraceptive among married women beggars was [AOR=0.12(0.05,0.29)] which means those who were single, divorced and widowed were 88% times lower utilization of contraceptive than those who were married. This can be explained by those who did not have husband think that they were not sexually active, therefore they did not use modern contraceptive as those who live with their husband. The odds of using contraceptive among women beggars at government hospital and private clinic was 82% times lower than those using at government health center [(AOR=0.18(0.076, 0.44)]. (Table 5)

5. Discussion

In this study almost half of the respondents were illiterate 51.2% and their daily income was 20-30 birr 50.9% and they were not empowered by government or social facilities it was almost similar with the data from most research which was written on demographic health survey indicates women economic status, educational status and empowerment condition had direct linkage to the uptake of the most basic maternal health service and maternal survival which include modern contraceptive use, antenatal care and skilled birth attendant (6).

This result had similarity with the study done before in Addis Ababa which showed majority 92.6% of the respondents heard about family planning and women who ever used modern contraceptive was 65.8% and the current user at the time of the study was 37%. In this study we can also see that using contraceptive by women who have more children was higher than those who had less children which was similar with the study done before on this population (10).

In this study 87.2% of them were ever heard about modern contraceptive and there were respondents who were not even heard about modern contraceptive 12.8%. From these ever used women were 61.6% and the current users were 38%. According to the 2019, EMDHS report the contraceptive prevalence rate was increasing from 37% of age 15-19 to 52% in married women of age 20-24 this difference can be explained by their life condition was expose them to different challenges and their difference in marital status.

Study done on awareness and utilization of modern contraceptive among street women in North-west Ethiopia shows majority 90.7% had ever heard about modern contraceptive and 47% had ever used and 34% were current users. When we compare it with this study again there was a decrease in their awareness and increase in utilization this difference may be due to the variety of their life style and the time difference between the two studies (12).

From the respondents around 59.5% of the participants know the dual purpose of condom which was prevention of unwanted pregnancy and prevention of sexually transmitted infections and HIV/AIDS the rest did not know its purpose well. This was similar circumstance in which street

children live and work increase their vulnerability to sexual exploitation and abuser put them at higher risk of unintended pregnancy and sexually transmitted infections and HIV/AIDS (13).

This study show the study participants had a positive perception toward prevention of un wanted pregnancy and usefulness of modern contraceptive 68.4% and 67.8% respectively but they lack deeper knowledge about the types of modern contraceptive and had good utilization practice of long term contraceptive method which was IUCD 16.7% and Implant - Norplant 17.6%. this was similar with the study done on perception and barriers to family planning service in the poorest regions of Chiapas, Mexico indicates Respondents were aware of many modern methods but often lacked deeper knowledge and held misconceptions about long-term fertility risks posed by some hormonal methods (15) .

From the respondents answer who think there was a problem in using contraceptive, half 51.3% of the participants respond there was a challenge from health personnel attitude toward beggars and social problem 41.5% ,availability of the health facility or the service 22.1%.this is similar with Challenges faced by women with disabilities in accessing sexual and reproductive health in Zimbabwe is a study done by qualitative research design in depth interview show that there were a number of challenges in accessing sexual and reproductive health service like attitudinal barriers, physical barriers ,lack of privacy ,cost of service and lack of sign language (17).

In this study nearly half 49.1% of the respondents were using injectable which was short term contraceptive type followed by Implant 17.6%. Implant was the second leading contraceptive behind injectable which was similar with EDHS report of 2019.This figure was higher than the EDHS figure which is 27% for injectable and 9% for implant of current married women. The difference may be due to this study include all type of marital status (24).

In this study the purpose of utilization of contraceptive for delaying or spacing child bearing was only 18.4% and for limiting or avoiding pregnancy was 39%, which was difficult to compare it with other figures because there was no study which put the result in number. but a study done on wealth-related inequalities in the met need for contraception have decreased in most countries

and especially so in Mozambique, but they have increased in Kenya, Uganda and Zambia with regard to spacing births, and in Malawi, Senegal, Uganda, the United Republic of Tanzania and Zambia with regard to limiting childbearing. After adjustment for fertility intention, women in the richest wealth quintile were more likely than those in the poorest quintile to practice long-term contraception and the study conclude that Family planning programs in sub-Saharan Africa show varying success in reaching all social segments, but inequities persist in all countries (18).

6. Strength and limitation of the study

6.1 Strength

- ❖ The sampling method and procedure decreased selection bias because we used simple random sampling method so that it could be possible to generalize for the whole women beggars.
- ❖ The questioner was pretested on similar setting and possessed high response rate

6.2 Limitation

- ❖ Local data on such topics was limited as there were no other studies that could be cited
- ❖ Quantitative research had limitation in assessing the perception of the women about modern contraceptive, so it was better if it was qualitative research.

7. Conclusion

This study showed that modern contraceptive utilization among women beggar was improving and their utilization of Injectable, Implant and IUCD were good but there was lack of understanding the different types and purpose of modern contraceptive method especially about emergency contraceptive and dual purpose of condom. There were different challenges in women beggars than the other women for utilization of modern contraceptive method.

8. Recommendation

Based on the findings of this study, the following recommendation were forwarded to concerned bodies:

- Since women beggars are very mobile people, try to develop campaigns about modern contraceptive as a mobile type of health service.
- One of the perceptions of women beggars for not using modern contraceptive was health personnel attitude towards women beggars, so this misperception should be solve by different means of approaches.

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APPENDIX

APPENDIX I: Information Sheet and Consent form

Information Sheet and Consent form for study participants on knowledge and utilization of modern contraceptive method and determinant factors among female beggars

Name of organization- Addis Ababa University, College of Health Science School of public Health

Name of Principal investigator- Meaza Tegudie

Introduction

This information sheet and consent form is prepared by the principal investigator to clarify the study that you are asked to take part. So you invite to see this form carefully before you decide to participate or not. Please be aware that you are not obliged to participate in the study. If there is any un clarity you welcome.

Purpose

The main purpose of this research is to assess knowledge and utilization of modern contraceptive method and determinant factors. This finding helps us to identify the main barriers and cues for utilization of contraceptive that is important to avoid unwanted pregnancy and to improve the life status of women and children of these people

Procedure

If you are willing to participate in this project, you need to understand and sign the consent form. Then you will be interviewed by the data collector. We will not ask you personal questions.

Risk/Discomfort

There is no any risk/anticipated harm which will happen to you due to your participation but you may feel discomfort owing to your wasted time but it is not as such long.

Benefit or Incentive

By your participation, you may not get the direct benefit/incentive, but you can improve yours and others health by this research finding.

Confidentiality

The information that we will gather from this research will be kept confidential, and used only for research purpose. We use a code (number) in the questionnaire, you need not to tell your name because we want to assess an average finding but not individually.

Right to refuse or withdraw

Your participation in this research is fully based on your willingness and you have also a right to refuse some question you are not willing to answer. You have also a full right to withdraw from this study at any time you want.

Person to contact If you have any question you can contact:-

Principal investigator Meaza Teguadie. Tele-0943-10-64-94

Advisors Muluken Gizaw (MPH,PHD fellow) Tele-0967-80-64-25

 Berhan Tassew (MPH) Tele-0912-60-81-36

Study Consent

If you agree to participate, please sign below

Signature

Date

Signature of principal collector

Date

APPENDIX II: DATA COLLECTION INSTRUMENT QUESTIONNAIRE (ENGLISH VERSION)

Section 1: Socio-Demographic and socio-economic data

| No | Coding categories | Response |
|-----|--------------------|--|
| 101 | Age | ----- |
| 102 | Religion | Orthodox-----1 Muslim-----2 Protestant---3 Catholic-----4 Other-----5 |
| 103 | Marital status | Married-----1 Single-----2 Divorce-----3 Widowed----4 |
| 104 | Educational status | Illitrate-----1 Read and write only---2 Primary education-----3 Secondary education---4 Tertiary level-----5 |
| 105 | Daily income | <20 birr-----1 20-30 birr-----2 30-40 birr-----3 >40 birr-----4 |

Section 2: Knowledge about modern contraceptive

| No | Knowledge about modern contraceptive | Response | Skip to |
|-----|--|--|------------------------|
| 201 | Do you know about modern contraceptive | Yes-----1 No-----0 | |
| 202 | What do you know about | Oral contraceptive----1 Injectable-----2 IUCD-----3 Condom-----4 Implant -----5 Other/specify/-----6 | |
| 203 | From where do you hear | Mass media-----1 Neighbor/friend/-----2 Health facility-----3 Other/specify/-----4 | |
| 204 | What is the purpose of contraceptive | To prevent pregnancy----1 To delay pregnancy-----2 To interrupt pregnancy---3 Other/specify/-----4 | |
| 205 | Do you think contraceptive bring any problem | Yes-----1 No-----0 | If No skip to Q no 207 |
| 206 | What do you think the problem | Bring infertility-----1 Increase weight-----2 Menstrual irregularity ---3 Cause disease-----4 Other/specify/-----5 | |

| | | | |
|-----|--|--|------------------------|
| 207 | Which contraceptive prevent both un wanted pregnancy and HIV/STI | Oral contraceptive-----1 Injectable-----2 IUCD-----3 Condom-----4 Implant-----5 | |
| 208 | Do you know about permanent contraceptive method | Yes-----1 No-----0 | If No skip to Q no 210 |
| 209 | What does permanent contraceptive means | Injectable -----1 Temporal contraceptive method done by surgery---2 Permanent contraceptive method done by surgery---3 Other/specify/-----4 | |
| 210 | Do you know about emergency contraceptive | Yes-----1 No-----2 | |
| 211 | What is emergency contraceptive means | Contraceptive which is taken before intercourse-----1 Oral contraceptive used to interrupt pregnancy-----2 Contraceptive used to prevent un wanted pregnancy----3 Contraceptive used to prevent STI-----4 | |
| 212 | Dose breast feeding used as contraceptive | Yes-----1 No-----0 | |

Section 3: Utilization of contraceptive

| No | Utilization of contraceptive | Response | Skip to |
|-----|---|--|------------------------|
| 301 | Have you ever used modern contraceptive | Yes-----1 No-----0 | If No skip to Q no 304 |
| 302 | Which method do you use | Oral contraceptive----1 Injectable -----2 IUCD-----3 Condom-----4 Norplant-----5 | |
| 303 | For what purpose do you use | To delay pregnancy-----1 To prevent pregnancy----2 To interrupt pregnancy---3 Other/specify/-----4 | |
| 304 | How many children do you have | One-----1 Two-----2 Three-----3 Four and above-----4 | |
| 305 | Do you use contraceptive now | Yes-----1 No-----0 | If No skip to Q no 307 |
| 306 | Which method do you use now | Oral contraceptive----1 Injectable-----2 IUCD-----3 Condom-----4 Norplant-----5 | |
| 307 | Your reason for not using contraceptive | I want more children-----1 My husband did not agree---2 Fear of side effect-----3 Difficult to get-----4 It is expensive-----5 | |
| 308 | From where do you get contraceptive | Government hospital-----1 Government health center---2 Private hospital-----3 Private clinic-----4 Pharmacy-----5 | |
| 309 | Do you face unwanted pregnancy | Yes-----1 No-----0 | If No skip to Q no 311 |
| 310 | How you face unwanted pregnancy | I was raped-----1 I forgot my contraceptive-----2 Did not use any contraceptive---3 Other/specify/-----4 | |
| 311 | Have you ever used emergency contraceptive | Yes-----1 No-----0 | |
| 312 | Have you ever used breast feeding as a means of contraceptive | Yes-----1 No-----0 | |

Section 4: Perception and determinant factors

| No | Perception and determinant factors | Response | Skip to |
|-----|--|--|------------------------|
| 401 | Do you think contraceptive is important | Agree-----1 Disagree-----2 Neutral-----3 | |
| 402 | Does unwanted pregnancy preventable | Agree-----1 Disagree-----2 Neutral-----3 | |
| 403 | Getting contraceptive for women beggars is difficult | Yes-----1 No-----2 | If No skip to Q no 405 |
| 404 | Problems for getting contraceptive | Distance of health service-----1 Waiting time-----2 It is expensive-----3 Availability of contraceptive---4 Attitude of health personnel---5 Social problem-----6 Physical problem-----7 | |
| 405 | Does your husband agree in using contraceptive | Yes-----1 No-----2 | |
| 406 | If No what is his reason | He needs more children-----1 Fear of side effect-----2 Fear of infertility-----3 Other/specify/-----4 | |

Appendix III: INFORMATION SHEET AND CONSENT FORM (AMHARIC VERSION)

የምርምር ወይም ጥናት ማብራሪያ የስምምነት መግለጫ ቅፅ

ሴት ለምኖ አዳሪዎች ስለ ዘመናዊ የወሊድ መቆጣጠሪያ ያላቸውን እውቀት፣ ትግበራና ወሳኝ ምክንያቶች ለማወቅ ለሚደረግ ጥናት የተዘጋጀ የመረጃ መሰብሰቢያ የስምምነት መግለጫ ቅፅ

የድርጅቱ ስም - አዲስአበባ ዩንቨርሲቲ ጤና ሳይንስ ኮሌጅ የህብረተሰብ ጤና ትምህርት

የዋና ተመራማሪው ስም - መዓዛ ተጓዴ

መግቢያ

ይህ የምርምር ማብራሪያ የስምምነት ቅፅ በዋና ተመራማሪው የተዘጋጀ ሲሆን አላማው አሁን እርሶ እንዲሳተፉ የምንጠይቁትን የምርምር ጥናት ምንነት ለማብራራት ነው።

በዚህ የምርምር ኘሮጀክት ለመሳተፍ ከመስማማቶ በፊት ይህንን የማብራሪያ ቅፅ በጥንቃቄ በማንበብ ያልገባዎት ነገር ካለ መጠየቅ ይችላሉ።

የምርምር ኘሮጀክቱ አላማ

የዚህ ምርምር ወይም ጥናት ዋና አላማ ሴት ለምኖ አዳሪዎች ስለ ዘመናዊ የወሊድ መቆጣጠሪያ ያላቸውን እውቀትና የአጠቃቀም ሁኔታ ለማወቅና በዚህ ጥናት ግኝትም ዘመናዊ የወሊድ መቆጣጠሪያ ለመጠቀም ያሉትን ችግሮች አውቆ አስፈላጊውን የመንግስትም ሆነ የግል ድርጅቶች ትኩረት ለመሰጠት እረዳታ ለማግኘት ይረዳል።

የአሠራር ሂደት

በዚህ ጥናት ውስጥ ለመሳተፍ ከተስማሙ ስምምነቱን በደንብ መረዳትና እንዲሁም መፈረም ይኖርብዎታል። ከዚህ በኋላ መረጃ ሰብሳቢው ቃለ መጠይቅ ያደርግልዎታል። ሚስጥራዊ የሆኑ የግል ጉዳዮችን አንጠይቅዎትም።

ሊከሰቱ የሚችሉ አደጋዎች/ምቹት መጓደሎች

በጥናቱ ላይ በመሳተፍዎ ምንም ዓይነት ተያያዥነት ያለው ጉዳት ሊደርስብዎት አይችልም። ምናልባት ግን ብዙም ባይሆን ንጊዜዎን ሊወስድብዎት ይችላል።

ጥቅሞች/ማካካሻ

በዚህ ጥናት በመሳተፍዎ የተለየ ጥቅም አያገኙም። ነገር ግን በጥናቱ ግኝት የእርስዎን እና የሌሎችን የጤና ሁኔታ ሊያሻሽሉ ይችላሉ።



ሚስጥር ስለ መጠበቅ

በዚህ ጥናት የሚገኝ መረጃ በሙሉ በሚስጥር ይያዛል። መረጃው የሚያገለግለው ለጥናት/ ለምርምር ብቻ ነው። መጠየቂያው ላይ ማንነትዎን የማይገልፅ ጠቋሚ ስለ ምንጠቀም ስምዎን እንዲፀፉ አይጠየቁም። ምክንያቱም ጥናቱ በሚጠናቀቅበት ወቅት ጠቅለል ያለ መረጃ እንጂ ግለሰብ አይገመገምም።

በጥናቱ ያለመሳተፍ/ራስን የማግለል መብት

በዚህ ጥናት ውስጥ መሳተፍ ሙሉ ለሙሉ የእርስዎ ፈቃድ ነው፤ ከመጠየቁ ውስጥ የማይፈልጉ ትጥያቄ ቃለ አለመመለስ ይችላሉ፤ በዚህ ጥናት አለመሳተፍ ከፈለጉ ያለመሳተፍ ሙሉ መብት አልዎት።

የጥናቱ ተጠሪ

ማንኛውም ጥያቄ ካልዎት ከታች በተገለፀው አድራሻ የጥናቱን ዋና ተጠሪ ማነጋገር ይችላሉ።

የዋና ተመራማሪው ስም - መዓዛ ተጓዴ 0943-10-64-94

APPENDIX IV: DATA COLLECTION INSTRUMENT QUESTIONNAIRE (AMHARIC VERSION)

አማርኛ መጠይቅ

ክፍል 1: መስረታዊ የስነ ህዝብ መረጃዎች

| ተ.ቁ | | የምላሽ አማራጮች |
|-----|------------|---|
| 101 | እድሜ | ----- |
| 102 | ሀይማኖት | አርቶዶክስ-----1 ሙስሊም-----2 ኘሮቴስታንት-----3 ካቶሊክ-----4 ሌላ-----5 |
| 103 | የጋብቻ ሁኔታ | ያገባ-----1 ያላገባ-----2 የፈታ-----3 የሞተበት-----4 |
| 104 | የትምህርት ሁኔታ | ያለተማረ-----1 ማንበብና መጻፍ ብቻ-----2 የመጀመሪያ ደረጃ-----3 ሁለተኛ ደረጃ-----4 ከፍተኛ ትምህርት-----5 |
| 105 | የቀን ገቢ | < 20 ብር-----1 ከ20-30 ብር-----2 ከ30-40 ብር -----3 > 40 ብር-----4 |

ክፍል ሁለት2: ስለ ዘመናዊ የእርግዝና መከላከያ ያላቸው እውቀት

| ተ.ቁ | ጥያቄዎች | የምላሽ አማራጮች | ይለፍ |
|-----|--------------------------------------|--|--|
| 201 | ስለ ዘመናዊ የእርግዝና መከላከያ እውቀቱ አለሽ? | አዎ-----1 የለኝም-----0 | |
| 202 | ስለ ምን ታውቁዎታለሽ | በአፍ የሚዋጥ ኪነን-----1 በመርፌ የሚሰጥ-----2 በማህፀን ውስጥ የሚቀመጥ-----3 ኮንዶም-----4 በክንድ ውስጥ የሚቀበር-----5 ሌላ-----6 | |
| 203 | ስለ ዘመናዊ የእርግዝና መከላከያ እንዴት አወቅሽ | ከማስሚዲያ ሰማው-----1 ከጓደኛ / ከገራሪቤት ሰማው-----2 ከጤና ተቋም ሰማው-----3 ሌላ-----4 | |
| 204 | ዘመናዊ የእርግዝና መከላከያ ለምን ይጠቅማል | እርግዝናን ለመከላከል-----1 እርግዝናን ለማዘግየት-----2 እርግዝናን ለማቋረጥ-----3 ሌላ-----4 | |
| 205 | ዘመናዊ የእርግዝና መከላከያ ችግር ያመጣል ብለሽ ታምኛለሽ | አዎ-----1 አላምንም-----0 | ምላሽዎ 0ኪሆነ ወደ ጥያቄ ተ.ቁ 207 ይለፉ |

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| 206 | ምን ቸግር ያመጣል | መሀን ያደርጋል-----1 ክብደት ይጨምራል-----2 የወር አበባ ያዛባል-----3 በሽታ ያሲዛል-----4 ሌላ-----5 | |
| 207 | ከሚከተሉት ዘመናዊ የእርግዝና መከላከያ ውስጥ እርግዝናን እና በግብረ ስጋ ግንኙነት የሚተላለፉ በሽታዎችን የሚከላከል የትኛው ዘዴ ነው? | በአፍ የሚዋጥ ኪኒን-----1 በመርፌ የሚሰጥ-----2 በማህፀን ውስጥ የሚቀመጥ-----3 ኮንዶም-----4 በክንድ ውስጥ የሚቀበር-----5 | |
| 208 | ስለ ወንድ እና ሴት ቋሚ የእርግዝና መከላከያ ዘዴ ታውቂያለሽ | አዎ-----1 አላውቅም-----0 | ምላሽዎ 0ከሆነወደ ጥያቄተ.ቁ 210 ይለፉ |
| 209 | ቋሚ የእርግዝና መከላከያ ምን ማለት ነው | በመርፌ የሚሰጥ-----1 በቀዶ ጥገና የሚሰራ ጊዜያዊ የመከላከያ አይነት ነው-----2 በቀዶ ጥገና የሚሰራ ዘላቂ የመከላከያ አይነት ነው-----3 ሌላ-----4 | |

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| 210 | ስለ ድንገተኛ የእርግዝና መከላከያ ዘዴ ታውቂያለሽ? | አዎ-----1 አላውቅም-----0 | ምላሽዎ 0ከሆነ ወደ ጥያቄ ተ.ቁ 212 ይለፉ |
| 211 | ድንገተኛ የእርግዝና መከላከያ ዘዴ ምን ማለት ነው? | ከግብረ ስጋ ግንኙነት በፊት የሚወሰድ ኪኒን ነው-----1 እርግዝና ለማቋረጥ የሚወሰድ ኪኒን ድንገተኛ ከሆነ የግብረሰጋ--2 ግንኙነት በኋላ እርግዝናን ለመከላከል የሚወሰድ ኪኒን----3 በግረ ስጋ ግንኙነት የሚተላለፉ በሽታዎችን ለመከላከል የሚወሰድ ኪኒን-----4 | |
| 212 | ጡት ማጥባት እንደ ዘመናዊ የእርግዝና መከላከያ ዘዴ ያገለግላል? | አዎ-----1 አያገለግልም-----0 | |

ክፍል3: ስለ ዘመናዊ የእርግዝና መከላከያ ያላቸውን ተግባር የሚዳስስ መጠይቅ

| ተ.ቁ | ጥያቄዎች | የምላሽ አማራጮች | ይለፍ |
|-----|---------------------------------|--|-------------------------------|
| 301 | ዘመናዊ የእርግዝና መከላከያ ተጠቅመሽ ታውቂያለሽ? | አዎ-----1 አላውቅም-----0 | ምላሽዎ 0 ከሆነ ወደ ጥያቄ ተ.ቁ 304 ይለፉ |
| 302 | የትኛውን ዘዴ ተጠቅመሽ ታውቂያለሽ? | በአፍ የሚዋጥ ኪኒን-----1 በመርፌ የሚሰጥ-----2 በማህፀን ውስጥ የሚቀመጥ-----3 ኮንዶም-----4 በከንድ ውስጥ የሚቀበር-----5 ሌላ-----6 | |
| 303 | የእርግዝና መከላከያ የተጠቀምሽው ለምን ነበር? | እርግዝናን ለማዘግየት-----1 እርግዝናን ለመከላከል-----2 እርግዝናን ለማቋረጥ-----3 ሌላ-----4 | |
| 304 | አሁን ስንት ልጆች አሉሽ? | አንድ-----1 ሁለት-----2 ሦስት-----3 ከሦስት በላይ-----4 | |
| 305 | አሁን የእርግዝና መከላከያ ትጠቀሚያለሽ? | አዎ-----1 አልጠቀምም-----0 | ምላሽዎ 0 ከሆነ ወደ ጥያቄ ተ.ቁ 307 ይለፉ |
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| 306 | የምትጠቀሟቸው የትኛውን ዘዴ ነው? | በአፍ የሚዋጥ ኪኒን-----1 በመርፌ የሚሰጥ-----2 በማህፀን ውስጥ የሚቀመጥ---3 ኮንዶም-----4 በክንድ ውስጥ የሚቀበር-----5 | |
| 307 | አልጠቀምም ከሆነ ምክንያትሽ ምንደን ነው? | ተጨማሪ ልጅ እፈልጋለሁ----1 ባለቤቴ ስላልተስማማ-----2 የጎንዮሽ ጉዳት ስላሉት -----3 ለማግኘት አስቸጋሪ ስለሆነ----4 ውድ ስለሆነ-----5 | |
| 308 | የእርግዝናን መከላከያ የምታገኝው ከየት ነው? | ከመንግስት ሆስፒታል-----1 ከመንግስት ጤና ጣቢያ----2 ከግለሰብ ሆስፒታል-----3 ከግለሰብ ክሊኒክ-----4 ከመድሀኒት ቤት-----5 | |
| 309 | ያልተፈለገ እርግዝና ገጥሞሽ ያውቃል? | አዎ-----1 አያውቅም-----0 | ምላሽዎ 0 ከሆነ ወደ ጥያቄ ተ.ቁ 311 ይለፉ |
| 310 | መልስሽ አዎ ከሆነ ምክንያቱ ምን ነበር? | ተደፍሬ-----1 የእርግዝና መከላከያዬን አረስኜ---2 ምንም አይነት መከላከያ አልጠቀምም ነበር-----3 ሌላ-----4 | |

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| 311 | ደንበተኛ የእርግዝና መከላከያ ኪነን ውጠሽ ታውቁያለሽ? | አዎ-----1 አላውቅም-----0 | |
| 312 | ጡት ማጥባትን እንደ እርግዝና መከላከያ ዘዴ ተጠቅመሽ ታውቁያለሽ? | አዎ-----1 አላውቅም-----0 | |

ክፍል 4: ስለ ዘመናዊ የእርግዝና መከላከያ ያላቸው አመለካከትና ስለ ወሳኝ ምክንያቶች የሚዳስሱ መጠይቅ

| ተ.ቁ | ጥያቄዎች | የምላሽ አማራጮች | ይለፍ |
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| 401 | ዘመናዊ የእርግዝና መከላከያ ጠቃሚ ነው ? | እስማማለው-----1 አልስማማም-----2 አላውቅም -----3 | |
| 402 | ያልተፈለገ እርግዝናን መከላከል ይቻላል ? | እስማማለው-----1 አልስማማም-----2 አላውቅም -----3 | |
| 403 | ሴት ለምኖ አዳሪዎች ዘመናዊ የእርግዝና መከላከያን ለማግኘት ይቸገራሉ? | አዎ-----1 አይቸገሩም-----0 | ምላሽዎ 0 ከሆነ ወደ ጥያቄ ተ.ቁ 405 ይለጹ |
| 404 | መልስሽ አዎ ከሆነ ችግሩ ምንድን ነው? | የጤና ተቋም እርቀት-----1 ግልጋሎት ለማግኘት ወረፋ ነው-----2 ዋጋው ውድ ነው-----3 የምፈልገውን አይነት መከላከያ አላገኝም-- -----4 የጤና ባለሙያዎች ጥሩ አመለካከት የላቸውም-----5 ማህበራዊ ችግሮች-----6 አካላዊ ችግር-----7 | |

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| 405 | ባለቤትሽ የወሊድ መከላከያ እንድትጠቀሙ ይፈቅድልኛል? | አዎ-----1 አይፈቅድም-----2 | |
| 406 | መልስሽ አይፈቅድም ከሆነ ምክንያቱ ምንድን ነው? | ተጨማሪ ልጆች ስለሚፈልግ-----1 የጎኒየሽ ጉዳዮችን ስለሚፈራ-----2 መሀንነት ያመጣል ብሎ ስለሚፈራ-----3 ሌላ-----4 | |

