ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH SCIENCES
SCHOOL OF PUBLIC HEALTH

UTILIZATION OF LONG ACTING AND PERMANENT CONTRACEPTIVE METHODS AND ASSOCIATED FACTORS AMONG MARRIED WOMEN OF REPRODUCTIVE AGE IN BISHOFTU TOWN, OROMIA REGIONAL STATE, ETHIOPIA

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Acronyms/Abbreviations

AAU	Addis Ababa University
AOR	Adjusted Odd Ratio
BP	Blood Pressure
BSc	Bachelor of Science
CI	Confidence Interval
COR	Crude Odd Ratio
CPR	Contraceptive Prevalence rate
E.C	Ethiopian Calendar
ERC	Ethical Review Committee
EDHS	Ethiopia Demographic and Health survey
EFGA	Ethiopia Family Guidance Association
EPI-INFO	Epidemiological Information
ETB	Ethiopian Birr
FP	Family planning
HP	Health professional
IUCD	Intra uterine Contraceptive Device
KM	Kilometer
LACM	Long Acting Contraceptive Methods
LAPMs	Long Acting and Permanent Methods
LARCM	Long Acting and Reversible Contraceptives Methods
MOH	Ministry Of Health
MMR	Maternal Mortality Rate
NGO	Non Government Organization

OCP	Oral Contraceptive
OR	Odd Ratio
ORHB	Oromia Regional Health Bureau
SPSS	Statistics Package for Social Sciences
WHO	World Health Organization
Yrs	Years

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EXECUTIVE SUMMARY

Background: The benefit of contraceptive methods has become an important factor in the life of reproductive age of women. Specially, the utilization of Long Acting and Permanent contraceptive Methods (LAPMs) is most effective methods of contraceptive available and are very safe and suitable; do not need daily initiation on the part of the users, and no need of frequent visit to service providers and hence, saves time and money for individual and the government.

Objectives: To assess utilization of long acting and permanent contraceptive methods and associated factors among married women of reproductive age in Bishoftu town

Methods: Community based cross-sectional study was conducted from September, 2016 among married women of reproductive age in Bishoftu town. Study Kebeles selected by lottery method. Systematic sampling used to select study households while all eligible women in the selected households recruited for the study. The minimum sample size required for the study was 419. A pre-test and structured questionnaire used to collect data from each respondent. The data field edited and entered in to EPI-Info 7 version and cleaned then exported to SPSS version 16 for analyses. Descriptive statistics such as frequency tables and percentages used to describe the study participants. In a bivariate analysis Odds Ratio (OR) and 95% Confidence Intervals calculated to see the magnitude and significance of the association between independent and the dependent variables, respectively. Multiple logistic regression analysis was conducted to determine the independent predictors of LAPMs utilization in the study area.

Result: Utilization of LAPMs was 35.7%, the most common is Implant 101(25.5%), and followed by Intra Uterine Contraceptive Device (IUCD) 37(9.4%) and the least was female sterilization 3(0.8%). The result of multivariate analysis revealed that, the significant association of education of respondent on utilization of LAPMs [AOR 2.76, 95% CI (1.16, 6.55)], attitude of husband on LAPMs [AOR 2.97, 95%CI (1.58, 5.59)], discussion with service providers on use of LAPMs [AOR 5.68, 95%CI (2.06, 15.68)], and married women those who need any more additional children was found to be associated [AOR 2.01, 95%CI (1.19, 3.40)].

Conclusion: Utilization of LAPMs among contraceptive methods users in a town was 35.7% and higher than the LAPMs use rate reported other studies and Ethiopia Demographic and Health Survey (EDHS) 2014, but still lead by short acting methods that was inject-able followed by Implant and the least female sterilization.

1. Introduction

1.1. Background

Sub Saharan Africa, including Ethiopia faced serious population growth and reproductive health challenges, which was indicated by higher maternal mortality, higher total fertility and population growth rate and higher unmet need for family planning. In many Sub-Saharan African countries, there was a higher proportion of unmet need for family planning especially for long acting methods(1, 2).

Globally, around 200 million women in developing regions wanted to prevent pregnancy, but they were not using contraceptive due to lack of information, husband opposition and, rumors about side effect. Consequently, 54 million women faced unwanted pregnancy, and more than 79,000 maternal deaths. Poor utilization of family planning methods including long acting and permanent contraceptive methods results in difficulty to limit or space the families that they want in their life time. Moreover, non-utilization of contraceptives results in unintended pregnancy which ends up in unsafe abortion with all its grave consequences. It estimated that about 13% of maternal death in developing countries was from unsafe abortion (3, 4).

In Ethiopia due to increased knowledge on contraceptive methods, from every ten married women four are contraceptive users (42%). However, most of the contraceptive users are using short-term contraceptives. Currently 31% of married women are using inject-able contraceptives (5)

Long Acting and Permanent contraceptive Methods (LAPMs) includes Implant, Intrauterine contraceptive device (IUCD), male and female sterilization. The IUCD and Implants are referred to long acting reversible contraceptive method; these are used for spacing pregnancies. The other male and female sterilization is permanent methods for couples those who decided not to have children in future time. LAPMs are most effective (>99%) methods of contraception available and are very safe and suitable. LAPMs do not need daily initiation on the part of the users. No need of frequent visit to service providers and hence, saves time and money for individual and the government (6, 7)

The benefit of contraceptive methods has become an important factor in the life of women of reproductive age as it also prevents the depletion of maternal nutritional reserves and reduces the risk of anemia from repeated pregnancies and births(8). Though utilization of long-acting contraceptive methods is important to protect reproductive age women and couples against unintended pregnancies, the proportion of women benefiting from the service is still lower (1, 9).

1.2 Problem statement

Globally, 287,000 maternal deaths were reported in 2010. Sub-Saharan Africa (56%)and South Asia (29%) accounted for 85% of global burden with 245,000 maternal deaths in 2010(10).

Worldwide, use of modern contraceptive methods shows minimal increment from 54% in 1990 to 57.4% in 2014. In developing countries more than 200 million women need to use contraceptive methods to space or limit child bearing but still large number of women are not using any methods. Modern contraceptive use is low in developing regions (40%), in Africa, the prevalence of contraceptive is estimated at 33% (9).

In sub-Saharan Africa, more than three-fourths of married women of reproductive age 15–49 do not use any contraception. Generally women in developing countries have more children than they want (11). Women and couples who want safe and effective protection against pregnancy would benefit from access to more contraceptive choices, including long-acting and permanent contraceptive methods (LAPMs). Long acting and permanent contraceptive methods give opportunity to meet the desire of individual and couples. LAPMs give more advantages and more choice for spacing, limiting, and prevents pregnancy for the rest of a person's life, and also improves the health and wellbeing of the whole families (12). In Ethiopia, the utilization of modern contraceptive methods is low. There are big differences among regions, the highest 57% in Addis Ababa and the lowest is Somali region 2%. Utilization of LAPMs (Implants, IUCD, and female sterilization) is 4.9%, 1%, 0.1% respectively. The overall use of implants continues to be lowest, in the last 10 years it has increased from 0.2% in 2005 to 4.9% in 2014. Long acting and permanent contraceptive methods use in Oromia region has no differences from the national figure. It is one of the lowest contraceptive methods utilized in the region with the prevalence of Implants, IUCD, and female sterilization being 4.6%, 1%, and 0.3% in the region respectively(5).

1.3. Rationale of the study

Despite the general understanding that contraceptive utilization in general and long acting and permanent contraceptive methods in particular is low in Oromia, there is little or no study done to identify the magnitude and factors associated with utilization of long acting and permanent contraceptive methods in Bishoftu town. Thus, it's difficult for local health authorities and partner organization to implement a focused and tailored intervention in the area.

1.4 Significant of the study

Long acting and permanent contraceptive methods are more useful for spacing and limiting than short acting. The findings of this study will provide evidence for policy makers to design appropriate policy and strategy, and helps local administration to take action by formulating strategies to address those who are not using the methods. It will also help local health managers at town level and particularly those looking after the health institutions in the town to understand the extent of the problem and to use it for evidence based decision. The study will shade light on the knowledge, attitude and practice of women of reproductive age that influence utilization of long acting and permanent contraceptive methods in the town.

2. Literature review

2.1 Magnitude of utilization of modern contraceptive and long acting and permanent contraceptive methods (LAPMs)

Study conducted by Family Planning Worldwide 2008 data sheet, Contraceptive use among married women in three developing countries: Female sterilization is the popular contraceptive method, used by one fifth of married women worldwide. In contrary, male sterilization is less common. From developing countries, the highest contraceptive users are Latin America and the Caribbean which is 31% used female sterilization, 7% IUD, 28% did not use any contraceptive, the rest are using different contraceptive methods. The other, Asia excluding china, 20% female sterilization, 6% IUD, 44% are not using any methods and the least sub-Saharan Africa, 2% female sterilization, more than 77% of married women do not use any contraceptive methods(11)

In developing countries especially Africa, women of reproductive age for unmet need contraceptive was 23.2% where as Asia (10.9%) and Latin America(10.4%),but Ethiopia was among the highest(25%) unmet need contraceptive countries (13)

Systematic review and meta-analysis done on five studies conducted in different areas Jinka, Debremarkos, Goba, Mekele, and Wolayita town in Ethiopia. Based on meta-analysis studies finding utilization of long acting and permanent contraceptive methods among married women in five areas in average was 13.5%. The highest was in Debremarkos town 19.5% and the lowest prevalence from five towns was Jinka town 7.3%.(4)

Study conducted in Debre Markos showed that, 78.2% respondents were ever used contraceptive methods, and from total contraceptive methods 19.5% were LAPMs users, 76.4% of implant and IUCD users need to continue with the methods and the rest 23.6% of respondents need to remove before the date because of desire of pregnancy(14). Other study in Addis Ababa showed that modern contraceptives and LARCMs utilization among study participants was inject able 51.2%, implants 21.9%, pills 14%, IUCD 12.9 51.2%,21.9%, 14%, 12.9% (15).

Studies conducted on LAPMs in different time and different areas of localities in Arbaminch, Mekelle, Jimma, Addis Ababa, Shashemene and Goba town found that the prevalence of the utilization of LAPMs was 22.9%, 16.4%, 16%, 34.8%, 28.4% and 8.7% respectively.

Studies from different localities were reported that utilization of LAPMs was ranging from 8.7-34.8%. The study results of utilization of LAPMs in Addis Ababa and shashemane was higher than others. Especially utilization of LAPMs in Addis was four folds compared with that of Gob. In these studies the most popular currently used of modern contraceptive methods was depo provera followed by implant and OCP(16, 17),(15, 18),(19, 20)

Two Studies conducted in Arbaminch in community cross-sectional study in 2014, the utilization report of LAPMs is 13.1% (21) and health facility based(Hospital) cross-sectional study done after a year on the utilization of LAPMs 22.9% almost this shows 10% incremental. This may be due to the setting where the studies were conducted.(16)

2.2 Factors affecting utilization of Long Acting and permanent contraceptive methods.

Study done in Debre Markos town, the main reasons not to using LAPMs were: fear of side effects (41.9%),preferring short term contraceptive (38.8%),health concerns (32.3%),opposed by husband(26.6%) and religious related(19.9%)(14)

2.2.1 Socio-demographic factors

Fertility related

Study conducted in Debre Markos town, from the pregnant women 65% were intended pregnancy, 23.9% were mistimed and 10.9% were unintended pregnancy(14). Other study done in Addis Ababa on long acting contraceptive methods (LACMs) users 96.3% were married early at age of 18 and 94.9% were gave birth at age of 20 and above. From LACMs users 75.3% had 3to 4 children and among study participants 17.9% currently users of LACMs had abortion previously(15). Study conducted in Mekelle city, 10.5% of respondents had faced one and more than one abortion, and 55.3% study participants had a family size of 3 to 4,28.1% had five above children.(17) Study conducted in Nekemte, majority of participants (81.5%) making decision with their husband on having children(22)

2.2.2 Knowledge related

Study conducted in Jimma town, 86.4% of currently married women know about LAPMs, from these interviewed women on the study 54% on implant and IUCD 39.5% have knowledge (18). The other study done in Goba town, 66.9% married women heard about LAPMs, from these interviewed women 87.3% were heard contraceptive of implant and(20) On the other hand, study done in shashemene town showed 85% of respondent know about LAPMs, the majority of respondents from 85%, 98.9% knows implant (19) Health facility based cross-sectional studies done in Addis Ababa, interviewed married women respondent for LAPMs 64%,40.6% have knowledge on implant prevent pregnancy for 3-5 years and IUCD for 12 years respectively(15). Study conducted in Debre Markos Town, 96.7% were heard at least one methods of modern family planning. Among methods inject able 96.5%, pills 80.3%,implanon and IUCD collectively 81.5% (14). Study conducted in Mekelle city, 66.1% respondents had gotten information from health institution, and 72.8% responded LAPMs limit family size, where as 63.7%of them shows the use of LAPMs to prevent unwanted pregnancy (17).

2.2.3 Partner's view

Partners' views on LAPMs were mixed, a few husbands are support using of LAPMS but majorities are opposed to use(23) and study done in Goba Town showed 67.6% of respondent discussed with their husband to decide using LAPMs contraceptive (20). Another study conducted in shashemene, 54.1% respondents' husbands did not let them to use or oppose LAPMs and 41.8% need decision of husbands to use LAPMs (19). Study conducted in Ambo, 65.3% using LAPMs, 57.3 implants, 6.2% IUCD and 1.8% female sterilization and 3.6% are not allowed by their husband to use LAPMs(24). Study conducted in Debre Markos Town, 71.5% couples approved using LAPMs and the rest of them did not approve. 45.9% of women respondents had intention to use LAPMs in the future but large number of married women (54.1%) husband approved using LAPMs (19).

2.2.4 Method related factors

Fear of side effects to use LAPMs

Having heard about side effect from their friends and peers did influence them to not use (excessive weight gain, bleeding, pain etc) and also a common to discontinue with methods (23) Study done in Addis Ababa 2015, 225 respondent 36.7% were not used LAPMs due to fear of side effects and 33.3% high number of women of reproductive age un users of LAPMs is due to miss conception on it(15). Study conducted in Mekelle city,36.5% respondents believe that irregular bleeding due to implant insertion and 41.2% pain with insertion and removal of implants at risk.(17). Study conducted in Nekemte, the reason not to use LAMPs were due to rumors and fear of side effect 49%, 38.9% respectively(22).

2.2.5 Others information

a) Misinformation regarding use of LAPMs

Using LAPMs makes women become infertile and unable to have children for everlasting. Inadequate information on LAPMs leads women to miss perception. When women educational status or knowledge is increased, uptake of LAPMs also increased***(23)***

b) Health care providers influence on women decision:

According to Study conducted in Debre Markos Town, 52.6% of respondents discussed with health personnel about LAPMs at least once and the most discussed one was implant (45.5%)(19).But mostly, during counseling the health providers told to women about complication rather than taking time to counseling them(23)

C) Attitude

Regarding to attitude 50% of married women those who using LAPMs before, they will never use again in the future. From client intention to use LAPMs in future 82.1% implant and the rest is IUCD(18). Study conducted in Debre Markos town, women respondents (25%) were didn't know their husbands attitude (19). Study done in Mekelle city, 13.2%of participants had agreed that irregular bleeding were occurred due to implant usage, 10.5% respondents were believe that implant had severe pain during insertion and removal, 47.1% participants thought insertion of IUCD as shamed and 36.3% of respondents thought that IUCD obstacle to women to conduct different routine activities(18).

d) Income

Almost everywhere, poor women are less likely to use modern contraceptive than richer women. The disparities in use between rich and poor are most common in countries with low contraceptive use overall, like Uganda.(11)

According to Ethiopian Demographic and Health Survey 2011, Women of educated and higher family monthly incomes have a much higher increased chance of contraceptive use compared to women with less educated and low monthly incomes.(25)

2.3. Conceptual frame work

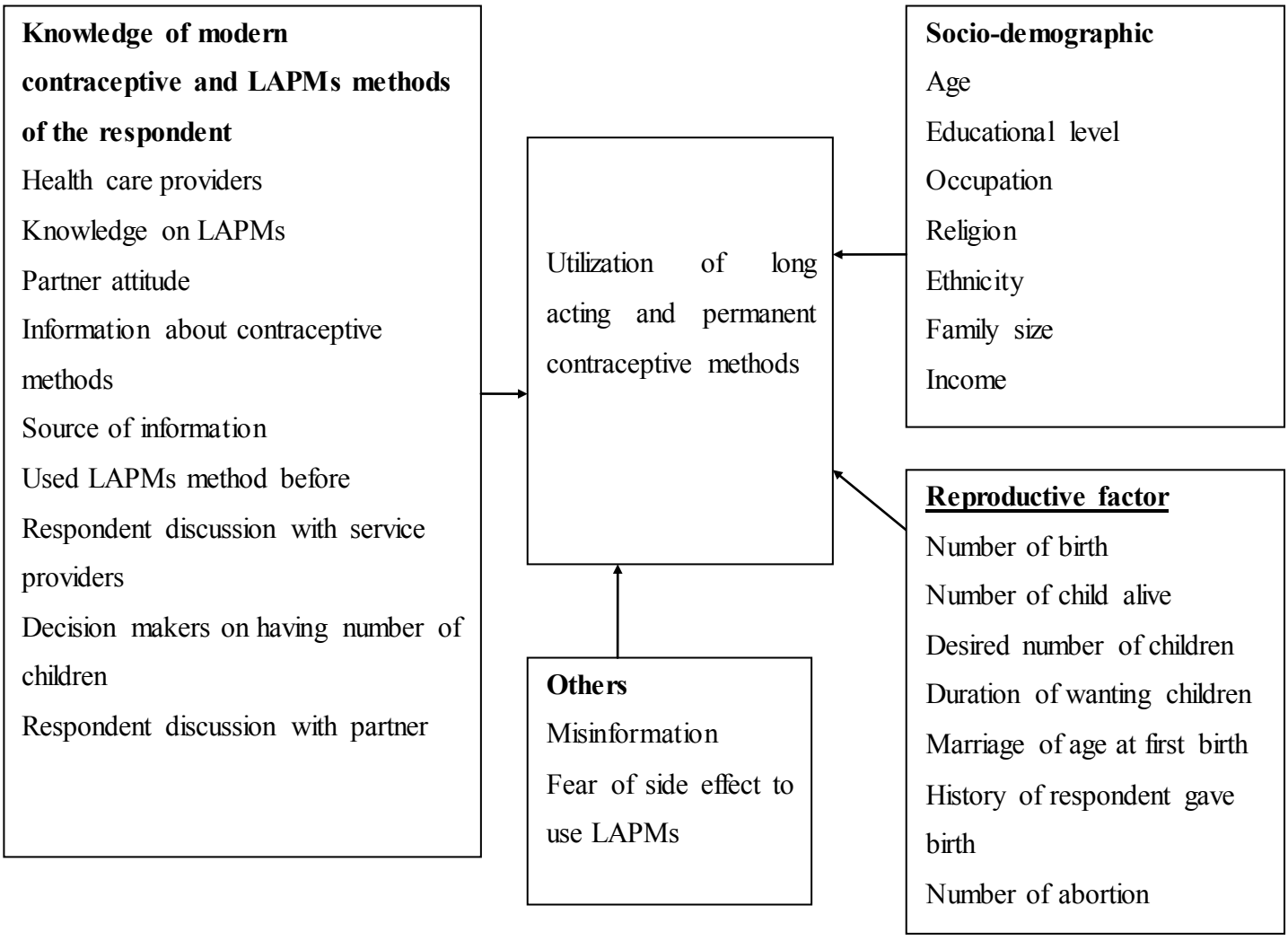


Figure 1 Conceptual frame work for factors associated with utilization of LAPMs (26)

3. Objective

3.1 General objective

To assess utilization of long acting and permanent contraceptive methods and associated factors among married women of reproductive age in Bishoftu town, Oromia regional State, Ethiopia in 2016.

3.2 Specific objectives

- To assess prevalence of long acting contraceptive methods use among married women of reproductive age in Bishoftu town, Oromia regional State, Ethiopia in 2016.
- To assess prevalence of permanents contraceptive method use among married women of reproductive age in Bishoftu town, Oromia regional State, Ethiopia in 2016.
- To identify associated factors of utilization of long acting and permanent contraceptive methods by married women of reproductive age in Bishoftu town, Oromia regional State, Ethiopia in 2016.

4. Methods and Materials

4.1 Study areas

The study was conducted in Bishoftu Town of Oromia Regional State. It is located about 47 Km to the east of Addis Ababa, the capital city of Ethiopia. According to the Central Statistical Agency's 2007 population census, the 2016 projected population estimated 176,743, of which the reproductive age women accounts for 39,113 (22.13%). Regarding the health care facility, the town has one public Hospital and one Air Force hospital, four government health centers and 26 different levels of private clinics and non-governmental clinics like Family Guidance Association (FGA) and Marie Stops international clinics. FGA and Marie Stops are giving short, long acting and permanent contraceptive methods and abortion care.

4.2 Study period

This study was conducted from, September 13-28, 2016

4.3 Study design

Community based cross-sectional quantitative study design was undertaken in Bishoftu town.

4.4 Source population

The source populations were all reproductive age of women (15-49 years) living in Bishoftu town.

4.5 Study population

All married women of reproductive age who reported to have lived at least six months prior to the study in selected Kebeles of Bishoftu town.

4.5.1 Inclusion criteria

All married women of reproductive age (15-49 years) who lived in the selected Kebele for the six months prior to the study.

4.5.2 Exclusion criteria

Women of reproductive age who were pregnant women, married women who were underage, mentally ill, seriously ill and women who cannot talk and support themselves were excluded.

4.6 Sample size determination

The sample size determination was done by using a formula for a single population proportion as per the following assumption:

95% confidence level with margin of error (0.05)

Objective one

Proportion (P): proportion of long acting and permanent contraceptive Methods (LAPM) use in, Adama town 20.9%, 2014(6).

Use of Adama town with the assumptions was desire margin of error(d) 5%, prevalence of LAPM utilization from research done in Adama town in, 2014 (p) is 20.9% and CI, which means α set at 0.05 and Z α/2=1.96

The non-response rate, 10% of the determined sample added up and the computed formula is as follows

For objective one: $n = \frac{(z\ \alpha/2)^2\ p\ (1-p)}{d^2}$

Where: n= sample size required

Z= 95% confidence interval (1.96)

d= margin of error (5%)

Design effects=1.5

P= proportion of utilization of LAPMs from previous similar study (0.209)

Then $n = \frac{(1.96)^2 * 0.209(1-0.209)}{(0\ .05)^2} = 1.5(254) = 381$

By considering non-response rate of 10% 381*10%=38

Finally the total sample size (n) will be 381 +38= 419 married women of reproductive age group

Objective three

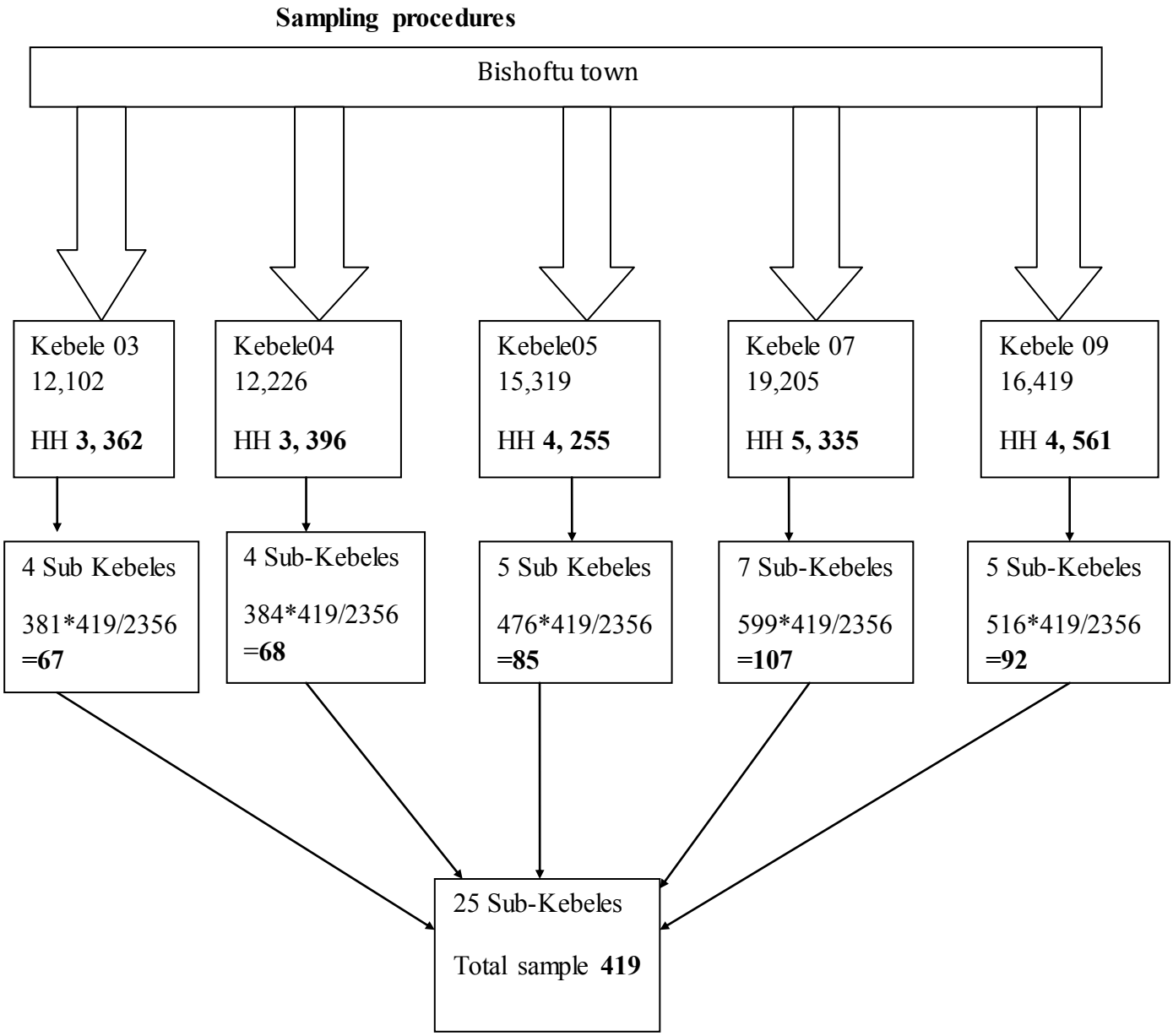
The same formula used for objective one.

Proportion (P): proportion of associated factors in utilization of long acting and permanent contraceptive methods of married women of reproductive age. The study done in Adama town in, 2014 showed that an associated factor of LAPMs of utilization was lack of knowledge 4.6%. By EPI-info 7 calculation sample size (n) was 101.The non-respondent rate of 10%*101=10.Total sample size of objective three was 111.So that, the largest sample was taken from the specific objectives, which are 419.

4.7 Sampling procedures

Multi stage sampling procedures was used to identify the study subjects. In the first stage the five Kebeles were selected by lottery method among the nine Kebeles in the town. Secondly, 25 Sub-Kebeles/Gotis were selected by the same method, then proportionate allocation of the sample for the respective Sub-Kebeles household, systematic sampling technique used for each Sub-Kebele and applied to identify the required sample after determining the eligible groups in the respective Sub-Kebele households. Households with a reproductive age of married women were selected using systematic random sampling from the existing sampling frame of the households. For selecting the study participants, the households were selected every 5^{th} interval for selected Kebeles and Gotis. Using the first selecting house hold as reference. Finally, eligible reproductive age women in the selected household asked to participate in the study and continued by the same procedures. Whenever more than one eligible respondent got in the same selected household, only one respondent was chosen by a lottery method.

For households with no eligible women, the subsequent households were selected and included according to the already pre-determined order.



Sub-Kebele/Gotis: the smallest structure of government

Figure 2 Sampling procedure

4.8 Variables

4.8.1 Dependent variables

Utilization of long acting and permanent contraceptive methods

4.8.2 Independent variables

Age
Ethnicity
Occupation
Family size
Partner attitude on LAPMs
Side effects
Abortion
Knowledge
Respondent discussion with husband
Age of respondent at first birth
Duration of want to have child
Religion
Educational level
Partner influence
Knowledge about LAPMs
Parity
Desired number children
Source of information
Decision maker on having children
Age of respondent at first marriage
History of gave birth

4.9 Data collection procedures

Data was collected by a face to face interview of married women of reproductive age the selected households. The questionnaires were prepared in English language and translated to Amharic and Afan Oromo; the study instrument adopted from literatures and previous studies (Adama and Ambo town studies). Before the actual data collection, pre-testing the questionnaire a week prior to the study on 5% of the sample was done in a Kebele not selected for the study.

4.9.1 Personnel /data collectors

The number of data collectors and the time need for complete interview was estimated based on sample size. Five Diploma nurses were recruited as data collectors for fifteen days and training was given for two days on the objectives, relevance of the study and data collection techniques such as, interview techniques, confidentiality of the information, participants' right, information consent, and practical demonstration of the interview. Finally, the structured questionnaire was used for data collection. Two BSc holder supervisors were assigned.

The supervisors follow up all the data collection procedures and reviewing all questionnaires on daily basis for completion, clarity, and proper identification of the respondents.

Supervisors and data collectors were daily discussed, on faced problems during data collection until the data collection was accomplished.

4.10 Operational definitions

Utilization: Current or last one yr use of contraceptive methods.

Long Acting methods: Implant and IUCD

Permanent methods: Female sterilization or Tubal-ligation and Vasectomy

Shifting/switching of contraceptive: If the women need to change from one contraceptive to other contraceptive method or the women needs and with medical advice to change

4.11 Data Analysis procedures

The quantitative data was checked for completeness, entered using EPI-INFO and exported to SPSS for window version 16 for analysis. Recoding and transforming of some data (age of respondent, number of pregnancy, number children alive, religion etc) was done. Frequency and graphs, tables, figures were used to describe some variables. Variables were defined, categorized, transformed and recoded.

The results were presented using Odds Ratio and 95% confidence intervals and $P<0.25$ was considered as a statistically significant association between dependent and independent variables in a bivariate analysis. Multiple logistic regression analysis was run to determine independent predictors of long acting and permanent contraceptive utilization by married of reproductive age in the town.

4.12 Data quality management

The data was checked for completeness, accuracy, and those found missing in addressing important variables like the outcome and other important variables was discarded. The data was stored in a secure place for confidentiality and in time when the data is need for a backup of the data.

4.13 Ethical consideration

The actual data collection started after ethical clearance letter obtains from AAU of Ethical Review Committee (ERC) of college of health Sciences, School of Public Health, and support letter obtained from Oromia Health Bureau regional state and Bishoftu town Health Office. Formal letter of cooperation taken to each Kebele from town Health office and verbal consent obtained from individual participant by explaining the aim of the research. Participants informed that participation were voluntary, they have full right to refuse from participation or withdraw from the study at any time they want, without losing any of their right not forced to stay in study and individual confidentiality was secured.

4.14 Dissemination of results

The final study report will be submitted to the Bishoftu town health office and Oromia Regional Health Bureau and stakeholders those who were working on family health and thesis will also be submitted to AAU College of Health Sciences, School of Public Health and as hard and soft copy.

5. Results

5.1 Socio-demographic characteristics of the respondents

A total of 419 participants were interviewed and the response rate for the study was 99.5%. The mean age of the respondents was 30.5 with standard deviation of ±5.8 years. The highest proportion of the respondent 127 (30.3%) were in the age range of 30-34 years. Half of the participants were Oromos 213(50.8%) and followed by Amhara 86(20.5%) ethnic groups. The religion of most respondents was Orthodox 237(56.6%), followed by Protestant 131(32.3%). Hundred (23.9%) respondents had junior secondary school (5-8) education and, 17(4.1%) could read and write only. Hundred fifty-six (37.2%) of the participants' partners held diploma and above while, 6 (1.4%) were illiterate. One hundred forty-five (34.6%) of respondents were housewives and 137(32.7%) of partners were governmental employees. One hundred thirty-seven (32.7%) respondents had no own income (Table 1).

Table 1 Socio-demographic characteristics among married women age group (15-49) living in Bishoftu town, Oromia region, 2017

Variable (n=419)	Category	Frequency	percent
Age group	15-19	12	2.9
	20-24	47	11.2
	25-29	122	29.1
	30-34	127	30.3
	35-39	79	18.9
	40-44	27	6.4
	45-49	5	1.2
Ethnicity	Oromo	213	50.8
	Amhara	86	20.5
	Guragie	37	8.8
	Tigre	34	8.1
	Walayita	30	7.2
	Others [a]	19	4.5
Religion	Orthodox	237	56.6
	Protestant	131	31.3
	Muslim	40	9.5
	Others [b]	11	2.6

Educational status of husband	Illiterate	36	8.6
	Read and write only	17	4.1
	Elementary (1-4)	42	10
	Junior secondary (5-8)	100	23.9
	Secondary school (9-10)	98	23.4
	Senior secondary (11-12)	50	11.9
	Diploma and above	76	18.1
Educational status of husband	Illiterate	6	1.4
	Read and write only	8	1.9
	Elementary (1-4)	30	7.2
	Junior secondary (5-8)	82	19.6
	Secondary school (9-10)	71	16.9
	Senior secondary (11-12)	66	15.8
	Diploma and above	156	37.2
Family size	1-2	31	7.4
	3-4	286	68.3
	>=5	102	24.3
Occupations of respondent	Government employ	50	11.9
	Merchant	56	13.4
	Private work	82	19.6
	Daily laborer	60	14.3
	Student	24	5.7
	House wife	145	34.6
	Others [c]	2	0.4
Occupations of husband/partner	Government employ	137	32.7
	Merchant	87	20.8
	Private work	119	28.4
	Daily laborer	49	11.7
	Others [d]	27	6.4
Monthly income of respondent	No income	137	32.7
	<1500 birr	152	36.3
	1500-3500birr	118	28.1
	>3500 birr	12	2.9
Monthly income of partner	No income	26	6.2
	<1500 birr	69	16.5
	1500-3500 birr	218	52
	>3500 birr	106	25.3

Others [a]: Silte, Hadiya and Gamo **others** [b]: Catholic and Adventist **others** [c]: Non Government Organization (NGO) and Soldiers **others** [d]: Student, Farmer, NGO, working in factory, religious leaders, pension, Driver, Soldier.

5.2 Reproductive history of the respondent

Three hundred fifty-nine (85.7%) of respondents were married after eighteen years of age, only 56 (13.4%) were married before age of eighteen years. Three hundred eighty-eight (92.6%) of respondents gave birth, 361(93%) gave first birth after age of 18 years. Two hundred eighty-eight (74.2%) respondents have given birth to 1-2 children. Two hundred thirty-three (60.1%) of the respondents desire to have additional child, which is 129 (55.3%) need to have 1-2 additional children and 67 (28.8%) reported that number of children to have decided by God, and 178 (76.4%) of respondents want to have children after two years. Two hundred (85.8%) of respondents made decision together with their partner on having the number of children. One hundred two respondents had abortion, of which 84 (82.4%) of participants had faced abortion once (Table 2)

Table 3 Reproductive history among women in reproductive age group (15-49) living in Bishoftu town, Oromia region, 2017 (n=419)

variable	Category	Number	Percent
Age of respondent at first marriage (n=419)	<18 years	56	13.4
	>=18 years	359	85.7
	I do not know	4	1
History of gave birth (n=419)	Yes	388	92.6
	No	31	7.4
Age at first gave birth (n=388)	<18 years	14	3.6
	>= 18 years	361	93.0
	I do not remember	13	3.4
Number of respondent gave birth (n=388)	1-2	288	74.2
	3-4	87	22.4
	5+	13	3.4
Number of child alive (n=388)	1-2	291	75.0
	3-4	82	21.1
	5+	9	2.3

Respondent to have need more children (n=388)	Yes No	233 155	60.1 39.9
Number of child you want to have (n=233)	1-2 3-4 5+ Decide by God	129 31 8 65	55.4 13.3 3.4 27.9
Time of respondent want to have any more children (n=233)	<2years Two years and above	55 178	23.6 76.4
Decision maker on having number of children (n=233)	Husband Wife Both God	6 8 200 19	2.6 3.4 85.8 8.2
Faced abortion (n=419)	Yes No	102 317	24.3 75.7
Number of abortion faced (n=102)	Once Two or more	84 18	82.4 17.6

5.3 Knowledge of respondents on modern contraceptive and LAPMs

Four hundred fourteen (98.8%) respondents heard information about modern contraceptives, and the types of contraceptive methods they heard about where, 406(98.1%) Injectable, followed by Pills 389(94%), Implant 344(83.1%), IUCD 265(63.5%) and the least is Vasectomy 15(3.6%). Three hundred eighty-eight (93.7%) were heard information from health professionals, 222 (53.6%) from mass media. Three hundred seventy-seven (91.1%) of respondent knew about LAPMs, majority of respondents knew Implants (98.4%) and followed by IUCD 319(84.6%), Tubal ligation 27(7.2%) and Vasectomy 19(5%). Concerning the source of information, 368 (97.6%) of respondents heard information about LAPMs from health facilities. Three hundred forty-two (90.7%) participants discussed with health professionals on LAPMs, which is 331 (96.5%) Implant, 231(67.3%) IUCD, 20(5.8%) Tubal-ligation, and 17(5%) Vasectomy.

One hundred fifteen (30.5%) of respondents were discussed on LAPMs with husband once. Two hundred seventy-six (73.2%) of their husband attitude on using LAPMs were supportive/approves, and 259(68.7%) of respondents were decide with their partners to use LAPMs (Table 3).

Table 4 knowledge of modern contraceptive and LAPMs, source of information, discussion made among reproductive age group (15-49) in Bishoftu town, Oromia region 2017(n=419)

Variables	Category	Number	Percent
Information heard about modern contraceptives	Yes	414	98.8
	No	5	1.2
Type of contraceptive methods respondent heard (n=414)	Depo provera	406	98.1
	pills	389	94.0
	Condom	181	43.7
	Emergency pills	82	19.8
	Implant	344	83.1
	IUCD	263	63.5
	Tubal-ligation	23	5.6
	Vasectomy	15	3.6
Information of modern contraceptive got from (n=414)	Friends, neighbors	41	9.9
	Husband	7	1.7
	Health professionals	388	93.7
	Mass media	222	53.6
Respondents know about LAPMs (n=414)	Yes	377	91.1
	No	37	8.9
LAPMs you know (n=377)	Implant	371	98.4
	IUCD	319	84.6
	Tubal-ligation	27	7.2
	Vasectomy	19	5.0
Source information you heard about LAPMs (n=377)	Health facilities	368	97.6
	Radio	83	22
	Television	245	65
	News paper	22	5.8
	Pamphlet	18	4.8
Discussed with health professional (377)	Yes	342	90.7
	No	35	9.3
On type of LAPMs you discussed (n=342)	Implant	331	96.5
	IUCD	231	67.3

	Tubal-ligation	20	5.8
	Vasectomy	17	5.0
Time of discussion on LAPMs with HP in the last one year (n=343)	One time	120	35
	Two time	92	26.8
	Three times	78	22.7
	Four and above	53	15.5
Discussed with husband on LAPMs (n=377)	Not at all	105	27.9
	Once	115	30.5
	Twice	50	13.3
	More often	107	28.4
Attitude of husband on using LAPMs (n=377)	Approves	276	73.2
	Oppose	101	26.8
The main decider on using LAPMs (n=377)	Self	103	27.3
	Husband	11	2.9
	Both decide together	259	68.7
	I do not know	4	1.1

5.4 Methods preferred and reasons for not using LAPMs among women in the reproductive age group

Three hundred ninety-five (94.3%) current users of contraceptive were high, the most currently used contraceptive method is short acting Inject-able, which is 161 (40.8%) and current users of LAPMS 35.7% (Implant 25.5%, IUCD 9.4% and the least was Tubal-ligation 3(0.8%), Pills 76 (19.2%). One hundred forty-eight (35.3%) of respondents used LAPMs before, 141(95.3%) of respondents used LAPMs for spacing, 79(53.4%) for limiting, 51(34.5%) for highly effectiveness and 27(18.2%) for having lower side effect. Two hundred four (48.7%) of respondents want to use LAPMs in the future, 146(71.5%) of respondents want to use Implant, 55(27%) IUCD and 3 (1.5%) Tubal-ligation. One hundred sixty-seven (39.9%) of respondent were not use IUCD because of proven health problems and 100(23.9%) due to fear of complication. One hundred forty-six (34.8%) of respondents not used Implant due to fear of prevent daily work, and from those who having knowledge on Tubal-ligation, 14(51.9%) not used Tubal-ligation because of it makes infertile (Table 4)

Table 5 Methods preferred and reasons for not using LAPMs among women in the reproductive age group (15-49) in Bishoftu town, Oromia region, 2017

Variable	Category	Number	percent
Currently used contraceptive method (n=419)	Yes	395	94.3
	No	24	5.7
Type of contraceptive method used (n=395)	Pills	75	19.2
	Injectable	161	40.8
	IUCD	38	9.4
	Implant	101	25.5
	Tubal-ligation	3	0.8
	Condom	17	4.3
Ever users of LAPMs (n=419)	Yes	148	35.3
	No	271	64.7
Advantage of using LAPMs (n=148)	Spacing of birth	141	95.3
	Limiting family size	79	53.4
	Highly effective method	51	34.5
	Have lower side effect	27	18.2
Respondent want to use LAPMs (n=419)	Yes	204	48.7
	No	215	51.3
Type of LAPMS wants to use (n=204)	IUCD	55	27
	Implant	146	71.5
	Tubal-ligation	3	1.5
Reason of not used IUCD (n=319)	Proven health problems	167	52.4
	Fear of complication	100	31.3
	Husband opposed	40	12.5
	It makes infertile	54	16.9
	It causes menstrual irregularities	68	21.3
	It may decompose within the uterus	65	20.4
	It interfere with sexual activities	45	14.1
	Others [a]	82	25.7
Reason of not used Implant (n=371)	Previously used method inconvenient	23	6.2
	Proven health problems	88	23.7
	Fear of complication	47	12.7
	Bring menstrual abnormalities	40	10.8
	Prevent daily work	146	39.4
	It makes irritable/behavioral change	40	10.8
	Others [b]	59	15.9
Reason of not used Tubal-ligation (n=27)	Proven health problems	4	14.8
	It makes infertile	14	51.9
	Others [c]	8	33.3

Others [a]: Lack of information, religion prohibition, need to have child recently, hate of IUCD, it causes cancer, it causes of genital infection, previously used method inconvenient **Others** [b]: It makes infertile, raises BP, need to have child recently, on breast feeding, religion prohibition, do not need to use it and lack of information **Others** [c]: fear of complication, husband opposed and need major operation, predisposal to uterus infection and religion prohibition.

5.5 Factors affecting utilization of Long Acting and permanent contraceptive methods

The result of bivariate analyses of socio-demographic variables in binary logistic regression showed that education, respondents monthly income, history of birth, number of children respondents want to have, time of respondents to have more children, discussion on LAPMs with health professionals, discussion on LAPMs with husband, attitude of husband on using LAPMs, decision maker on using LAPMs were found to be significantly associated with utilization of LAPMs. Education of respondent was associated with utilization of LAPMS, married women who had attended senior secondary school more use LAPMs two times than illiterate married women [COR 1.88, 95% CI (0.75, 4.73)]. Married women who had 1500-3500birr per month income two times utilize LAPMs than those who did not have income [COR 1.91, 95%C (1.14, 3.21)]. The result of bivariate analysis revealed that, respondents those who have history of gave birth four times likely utilize LAPMs than those who do not have history of gave birth [COR 3.68, 95%CI (1.263, 10.748)] .Married women who want to have additional five and more children were found to use LAPMs less likely utilize than those who have 1-2 children [COR 3.88, 95%CI (0.35, 43.83).

The result of bivariate analysis revealed that, attitude of husband was found to be an association of LAPMs utilization; attitude of husband that did not support their partner to use LAPMs four times less utilizes [COR 4.03, 95%CI (2.29, 7.09)]. The result of bivariate analysis found that respondent having knowledge five times likely utilizes LAPMs than those did not have knowledge [COR 4.71, 95%CI (1.30, 17.01)].

The result of this analysis was found that, discussion of married women with health professionals five times likely utilize LAPMs than those who did not discuss [COR 5.18, 95%CI(1.14, 31.81)]. Respondent who had discussed together with their partner twice and more on LAPMs utilization nearly five times than those who respondent did not discuss at all [COR 4.58,95%CI(2.13, 9.84)] Table 5

Table 6 Association of utilization of LAPMs and its correlates among married women in the reproductive age group (15-49) in Bishoftu town, Oromia region, Ethiopia 2017 (Bivariate table)

Independent Variable	Category	Utilization of LAPMs		Crude OR (95% CI)	P-value
		Yes	No		
Education of respondent	Illiterate	10	26	1 (ref)	0.584
	Read and write	6	11	1.418(0.413-4.869)	0.579
	Elementary school	12	30	1.040(0.386-2.799)	0.938
	Junior secondary (5-8)	29	71	1.062(0.455-2.479)	0.889
	Secondary (9-10)	38	60	1.647(0.715-3.795)	0.242
	Senior secondary (11-12)	21	29	1.883(0.750-4.727)	0.178
	Diploma and above	25	51	1.352(0.567-3.226)	0.497
Respondents monthly income	No income	40	97	1	0.072
	<1500	46	106	1.121(0.680-1.849)	0.655
	1500-3500	52	66	1.911(1.139-3.205)	0.014
	>3500 birr	3	9	1.012(0.613-1.765)	0.631
History of respondent gave birth	Yes	137	251	3.684(1.263-10.746)	0.017
	No	4	27	1	-
Age of respondents at first gave birth	<18 years	3	11	1	0.223
	>= 18 years	131	230	1.990(0.545-7.264)	0.298
	I do not know	7	6	4.278(0.798-22.928)	0.090
Respondents need to have more children	Yes	104	129	1	-
	No	37	118	2.571(1.269-6.913)	0.002
Numbers of children respondents want to have any more	1-2	40	89	1	0.050
	3-4	4	27	0.235(0.079-0.701)	0.009
	>=5	5	3	3.878(0.347-43.829)	0.273
	Decide by God	15	50	0.624(0.335-1.162)	0.137
Time of respondents to have any more children	<2yrs	16	39	1	-
	>=2 yrs	41	137	1.371(0.763-2.506)	0.286

Knowledge on LAPMs	Yes No	137 4	240 33	4.709(1.295-17.011) 1	0.002 -
Discussion on LAPMs with health professionals	Yes No	137 4	205 31	5.18(1.14-31.81) 1	0.001 -
Discussion on LAPMs with husband	Not at all Once Twice More often	17 40 23 61	88 75 27 46	1 2.761(1.448-5.265) 4.579(2.132-9.835) 3.548(1.922-6.549)	0.001 0.002 0.001 0.001
Attitude of husband on using LAPMs	Approves oppose	124 17	152 84	4.031(2.97-7.085) 1	0.001
Decision maker on using LAPMs	Self Husband Both	25 1 115	78 10 144	1 0.360(0.044-2.948) 2.379(1.441-3.930)	0.002 0.341 0.001

5.6. Predictors of utilization of LAPMs

In the multivariate logistic regression analysis associated variables was performed to identify independent predictors' for utilization of LAPMs. Educational status of respondents, monthly income, respondents need any more additional children, discussion of married women with health professionals on LAPMs, and husband attitude on utilization of long acting and permanent contraceptive methods. Educational status of respondents were found to be an associated factors of utilization of LAPMs, women who had diploma and above of education were found about three times more utilize LAPMs than those who were not attended formal education /illiterate [AOR 2.76,95% CI (1.16, 6.55)].

Married women those who need any more additional children was found to be associated two times less likely utilize long acting and permanent contraceptive methods than those who did not need any more [AOR 2.01, 95%CI (1.19, 3.40)]. The other important association found was respondent discussion with health professionals on use of LAPMs, married women who did not discussed with service providers were found to be six times less likely utilize LAPMs than those respondent who discussed with health service providers [AOR 5.68, CI (2.06,15.68)].

Attitude of partner/husband have association with utilization of LAPMs, respondents those who had their husband support three times use LAPMs than those who do not supported [AOR 2.97, 95%CI (1.58, 5.59)].

Table 7 Association of utilization of LAPMs and its correlation among married women of reproductive age group(15-49) in Bishoftu town, Oromia region, Ethiopia2017 (multivariate table)

Independent Variable	Category	Utilization of LAPMs		Adjust OR (95%)	P-value
		Yes	No		
Respondent Educational status	Illiterate	10	26	1(ref)	0.356
	Read and write only	6	11	1.666(0.437-6.347)	0.454
	Elementary	12	30	1.893(0.393-9.113)	0.426
	Junior sec. (5-8)	29	71	1.331(0.434-4.081)	0.617
	Secondary school	38	60	1.402(0.572-3.439)	0.460
	Senior sec. (11-12)	21	29	1.973(0.909-4.284)	0.086
	Diploma and above	25	51	**2.760(1.164-6.547)**	0.021
Respondent income	No income	40	97	1	0.409
	<1500	46	106	1.281(0.705-2.329)	0.416
	1500-3500	52	66	1.780(0.916-3.462)	0.089
	>3500	3	9	0.891(0.645-1.231)	0.423
Respondent want to have any more children	Yes	104	129	**2.012(1.189-3.404)**	-
	No	37	118	**1**	0.009
Discussion with health professional on LAPMs the last one year	Yes	136	197	**1**	0.001
	No	5	81	**5.682(2.060-15.678)**	-
Attitude of husband on using LAPMs	Approves	124	152	**2.974(1.582-5.590)**	0.001
	Oppose	17	84	1	-

6. Discussions

This community based cross sectional study was assess the utilization of LAPMs and associated factors among reproductive age of married women in Bishoftu town, Oromia Region, Ethiopia. In this study the prevalence of LAPMs utilization was 35.7, the most commonest is Implant 101(25.5%), and followed by IUCD 37(9.4%) and the least was female sterilization 3(0.8%), utilization of female sterilization is lower when compare with study conducted in Jinka(3%)(27),but, utilization of Implant and IUCD were better than Jinka (28), whereas, women in Latin America and Caribbean are the highest users of female sterilization(31%) and, Asia countries except China (20%),in contrarily, sub Saharan African countries utilization of female sterilization is lower (2%) (11). In this study IUCD utilization was less when compare to countries of Uzbekistan South central Asia and North Korea 49.7%, 42.8% respectively, and Ethiopia DHS 2014 showed that, Implant, IUCD female sterilization utilization of contraceptive in urban respectively 6.2%,3.3%, 0.1% (5)

The study found that, utilization of LAPMs in Bishoftu town almost similar with the study done in Addis Ababa by Tizita D, 2015 and lower than study conducted in Ambo town by Ketema J, 2014, but higher than a study conducted in Adama, Shashemane, Goba, Arbaminch, Debremarkos, DebreBrihan towns and Rwanda's prevalence is the lowest of all (10.4%) (6, 15, 19, 21, 24, 26, 28-30).

Level of education showed strong association with utilization of LAPMs. Respondent got a chance of better education were three times [AOR2.89, 95% CI (1.16, 7.21)] more utilize LAPMs than those who did not have the better education. Married women, who had better education, also might be close to use health care services; this result was almost similar with study done in Shashemane, 2015, and Arbaminch town, in Bangladish also those who had education opportunity better utilize modern contraceptive than those do not got education opportunity 2014(19, 21, 31).

Married women desire to have additional child which is 60.1%, 55.3% need to have 1-2 additional children. This is similar to the study conducted in Rwanda which is 64.6% of respondent's desire additional children, 87.1% of respondents made decision together with their partners on having the number of children; this is similar with study done in Mekelle town, which is 86%.

From the total of 102 abortion cases, of which 84 (82.4%) of participants had faced abortion once. This finding was similar (91.7%) with study conducted in Mekelle town by Hailay G, 2014(30, 32).

Currently married women having knowledge about LAPMs 91.1%, 98.4% have knowledge about Implant, the least were Tubal-ligation 7.2%. This is in line with study conducted in Rwanda, which is 95.8% of respondents have knowledge on LAPMs, but study done by Ayano T, in Jima town(86.4%) was lower than Bishoftu town(18, 30).

The study found that respondents had information about modern contraceptive methods were 98.8%, this finding was similar with study conducted in Adgrat town (94%) and Debre Markos town (96.7%), but, higher than study done in Pakistan 50%. The other, respondents heard information about LAPMs (Implant 83.1%, IUCD 63.5%, Tubal-ligation 5.6%) were low when compared to Shashemane town Implant 98.9%, Tubal-ligation 60.1%.(19, 26, 29, 33)

The main source of information of LAPMs were from health professionals, which is 93.7% and followed by mass media 53.6%, this is almost similar with study conducted in Adama town 88.5% and 82.6% from health professionals and mass media respectively, and higher than in Nekemte town, from health professionals 78.2%, Radio 72.5% and TV 74.9%, and in Bangladish the main source of information for modern contraceptives users were mass media, which is 57.2%(6, 31). Married women discussed with health professionals on LAPMs were 81.9%, which is 333 (79%) on Implant, 231(55.1%) IUCD, Tubal-ligation 20 (4.8%) and Vasectomy 17 (4.1%).

Respondent discussed with health service provider were six times [AOR 5.68, 95%CI (2.06, 15.68)] more utilize LAPMs than did not. This is in line with study conducted in Jima town, 2015, and Nekemte town, 2015 (7, 18, 23).

Attitude of husband on using LAPMs, 72.3% of husbands were support their partners to use, this finding is similar with study conducted in Mekelle town, 2014. Married women those who have husband support showed strong association with long acting and permanent contraceptive method utilization. Married women having husband support about three times [AOR 2.97, 95%CI (1.58, 5.59)] more to utilize LAPMs when compared to those who had not support from their partners.

Study conducted in Uganda by Othman,2014 a few husbands were support their partners and majorities were oppose(23), but study in Addis Ababa city by Tizita D, 2015, Jima town by Taye,2015, , majorities also showed that, those women who had husband's support 25 times more likely utilize LAPMs than those who oppose them(6, 15, 18). Similarly, the other strongly associated with utilization of LAPMs in Bishoftu town was discussion of respondent with health service provider.

The main reasons for using LAPMs in Bishoftu town was, for spacing 95.3% and limiting 53.4%. This is higher than studies done in Mekelle, and Debrebrehan towns, which is for spacing 65% and limiting 17% in Mekelle town, and for spacing 61% and limiting 39% for Debrebrehan town.

On other hands, the reasons for not using LAPMs were, makes infertile, fear of complication, husband opposition, health problems, and prevent daily work, which is similar with the findings of study conducted in Jima town, 2015, Arbaminch Hospital,2015 (16, 18, 23). The other, the reasons not used IUCD 21.3% and 16.9% due to makes menstrual irregularities and infertile respectively, and 34.8% of married women not used Implant because of fear of prevent daily work, and 51.9% not used Tubal-ligation because of it makes infertile. This finding is in line with study conducted in Uganda(23).

7. Strength and limitation

7.1 Strength

- Two days training were given for the data collectors
- Pretest was performed that increases the study's validity and reliability
- The study subjects were selected using random sampling technique help to avoid selection bias.

7.2 Limitation

- Recall bias
- Under or over reporting
- Cross-sectional design
- Knowledge questions, subjection difficult to quantify

8. Conclusion and Recommendation

8.1 Conclusion

Utilization of LAPMs in Bishoftu town was higher when compared to the finding of other studies done in the country and EDHS 2014 except study conducted in Ambo town, but still lead by short acting contraceptive methods that was inject-table followed by Implant and the least female sterilization. Among several associated factors of utilization of LAPMs in married women, education opportunity, discussion with health service providers, and those married women have husbands support were significantly associated factors.

8.2 Recommendation

- Federal MOH, ORHB, town health office and stalk holders should strengthen the promotion of LAPMs
- Education office, women affairs and town administration have to work on all women by accessing better education.
- Health facilities: providers should give adequate counseling with complete information to the clients.

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10. ANNEXES

I. Information sheet and consent form

Information sheet and consent form for assessment on Utilization of LAPMs and associated factors among women of reproductive age group in Bishoftu town, Oromia regional state, Ethiopia.

Contact person:

Name	Cell Phone	Email
1. Abebe Bekele	0911384163	abebeb1998@gmail.com

Name of organization: Addis Ababa University College of Health Sciences school of Public Health

Information sheet and consent form prepared for utilization of LAPMs and associated factors among women of reproductive age groups.

Introduction: First of all I would like to introduce myself. I am……and collecting data/interviewing you for assessing utilization of LAPMs and associated factors. An investigator is from Addis Ababa University College of Health Sciences, School of Public Health.

Purpose of the study: to identify prevalence of utilization of LAPMs and associated factors Bishoftu town among married women of reproductive age.

Significant of the study: Long acting and permanent contraceptive methods are more useful for spacing and limiting than short acting. However, currently Utilization of LAPMs in different regions is very low including Oromia region (Adama, Jima, Goba, and Shashemene). The findings of this study will provide input to policy makers to design appropriate policy, and helps local administration to take action by formulating strategies to address those who are not using LAPMs.

Procedure: Data will be collected using predesigned questioners for assessing utilization of LAPMs and associated factors. The sample will be collected face to face interviewing at house hold level. Data will be collected and submitted to the investigator daily. It is not necessary to write the name of respondents instead we use code.

Risk and discomfort: No any known risk and discomfort associated with the study.

Benefits: there is no any benefit due to participating in this study.

Incentive: the participants will not be provided by any incentive to take part in this study.

The right to refuse and withdraw: Participant has full right to refuse from participation or withdraw from the study at any time they want in this study, without losing any of their right.

If you volunteer, I am going to ask you some questions about yourself. I kindly request you to answer the following questions. May I continue …..? Yes ☐ ☐

Consent form

I have been briefly informed about the study and clearly understood the objective of the study. So I here approve my consent with my signature to take part in the study.

Name of the respondent _____Signature _____ Date _____

II. Questioner for data collection in English version

Addis Ababa University College of health sciences, School of Public Health

Questioners to assess utilization of long acting and permanent contraceptive methods and associated factors among reproductive age women of Bishoftu Town, Oromia Regional state, Ethiopia 2016.

Questionnaire Code_____ Kebele_____ Got/Area Name_____

Date of interview DD_____/mm_____/2016

Name of data collector _____

Name of Supervisor _____ signature _____

Part I Socio-demographic characteristics

Code	Question	Responses	skip	Remark
101	How old are you?	_____Years		
102	What is your ethnicity?	1.Oromo 2.Amhara 3.Guragie 4.Tigre 5.Welayita 6.Other specify_____		
103	What is your religion?	1. Orthodox 2. Muslim 3.Protestant 4.Catholic 5.Other(specify)_____		
104	What is your educational status?	1.Illitrate 2.Read and write only 3. Elementary (1-4) 4. Junior secondary (5-8) 5. Secondary (9-10)		

		6. senior secondary (11-12) 7. Diploma and above		
105	What is your spouse's educational status?	1.Illitrate 2.Read and write only 3. Elementary (1-4) 4. Junior secondary (5-8) 5. Secondary (9-10) 6. Senior secondary (11-12) 7. Diploma and above		
106	Family size of the respondent	In no_____		
107	What is your occupation?	1.Government employees 2. Merchant 3.Private work 4 .Daily laborer 5. Student 6. House wife 7. NGO 8. Other(specify)_____		
108	What is your husband's occupation?	1.Governmentemployees 2. Merchant 3.Private work 4 .Daily laborer 5. Student 6. Farmers 7. NGO 8. Other(specify)_____		
109	What is your monthly income?	_____ETB		
110	What is your husband/partner monthly income?	_____ETB		

Part II Reproductive history of the participants

201	What is your age at first marriage?	1. <18 years 2. ≥18 years 3.Idon"t remember		
202	Have you ever given birth?	1. Yes 2. No	If no skip to 210	
203	At what age you gave first birth?	1. <18 years 2. ≥18 years 3.Idon"t remember		
204	How many births you gave?	No____		
205	How many of them are alive?	No____		
206	Do you want to have any more children?	1. Yes 2. No	If no skip to 210	
207	If yes Q206, How many more children do you want?	1. No____ 2. Decide by God 3. Decide by husband		

208	When you want to have any more children?	1. Less than two years 2. Two years and above		
209	Who decide /will decide on number of Children you want to have?	1. Husband 2.Wife 3. Both 4.God		
210	Do you face any abortion before?	1.Yes 2.No		
211	If yes for Q209 how often you made abortion?	1. Once 2.Two and more		

Part III Knowledge of modern contraceptive and LAPMs methods of the respondents

301	Have you ever heard about modern Contraceptive methods?	1.Yes 2.No	If no skip to 304	
302	If yes Q301 which one?(circle all methods you heard)	1.Depo 2.Daily pills 3.Condom 4.Emergency pills 5.Implant 6.IUCD 7.Tubal-ligation 8.Vasectomy 9.Others specify_____		
303	From where did you get information on Modern contraceptive?	1.Friends, neighbors/relatives 2.Husband 3.Health professionals 4.Mass media 5.Other specify		
304	Do you know about long acting and permanent contraceptive Methods?	1.Yes 2.No	If no skip to 308	
305	If Yes Q304, please mention LAPMs that you heard	1. Implant 2. IUCD 3. Tubal-ligation 4. vasectomy 5.Others		
306	If yes Q304 Mention source of information you heard about LAPMs?	1. Health facilities 2.Radio 3.Television 4. News paper 5. Pamphlet 6. Other(specify)		
307	Do you ever discussed about LAPMs with health professional?	1.Yes 2.No	If no skip to 310	
308	If yes Q307 on which one?	1.Implant 2.IUCD 3.Tubal-ligation 4.vasctomy		

		5.Others specify_____		
309	If yes Q307, how many times you discuss in the last one year?	Number_____		
310	Do you discuses with your husband on LAPMs?	1. Not at all 2. Once 3. Twice 4. More often		
311	What is your husband's attitude on LAPMs?	1. Approves 2. Opposes 3. I don't know 4.Other specify		
312	Who is the main decider on using LAPMs?	1. Self 2.Husband 3. Both decide together 4. Other (specify)_____		

Part IV. Methods preferred and reasons for not using LAPMs among women in the reproductive age group.

401	Do you currently use contraceptive method?	1. Yes 2.No	If no skip to 403	
402	If you yes Q401 which type?	1.Pills 2.Depo 3.IUCD 4.Implant 5.Tubal-ligation 6.Other specify		
403	Did you ever use LAPMs?	1.Yes 2.No	If no skip to 405	
404	If yes to Q403 what is the advantage of using LAPMS?	1.For spacing of birth 2.Limiting family size 3.Highly effective method 4.Have lower side effect 5.Reduce cost 6.Other specify_____		
405	Do you want to use LAPMs?	1.Yes 2.No	If no skip to 407	
406	If yes to Q405, what type of LAPMs you will be want?	1.IUCD 2.Implants 3.Tubal-ligation 4.Other specify_____		
407	If you not using IUCD, what is the	1.Previously used method		

	reason of myth?	inconvenient 2. Proven health problems 3.Fear of complication 4. Partner/husband opposed 5.It makes infertile 6.it brings/causes genital infection 7.Cause menstrual irregularity 8. It may decompose within the uterus 9.Interfers with sexual activity 10. Lack of information 11.Religion prohibition 12. Need to have child recently 13. Not need to use it 14. it cause cancer		
408	If you are not using Implant, what is the reason of myth?	1 .Previously used method inconvenient 2. Proven health problems 3. Fear of complication 4.Partner/husband opposed 5. brings menstrual abnormalities 6.Prevent daily work(weakness, tingling and numbness of arm/hands 7.It makes infertile 8.It makes irritable or brings behavioral change 9.Brings hypertension or raises blood pressure 10. causes headache and blurring vision 11.Weight loss makes thin 12. On breast feeding		

		13. Religion prohibition 14. Need to have child recently 15. Not need to use it 16. Lack of information		
409	If you are not using tubal-ligation what is the reason of myth?	1. Proven health problems 2. Fear of complication 3.Partner/husband opposed 4.Makes infertile 5.It need major operation 6.Predisposal to uterine infection 7.decreases sexual desire 8. Lack of information 9.religion prohibition 10. Need to have child recently 11. Not need to use it		

Thank You!!!

III. Information sheet and consent form in Amharic version

በአዲስ አበባ ዩኒቨርሲቲ የጤና ሳይንስ ኮሊጅ የማህበረሰብ ትምህርት ት/ቤት
ስተሣታፊዎች የሚነገር አጭር መረጃ።።

<u>ትዉዉቅ</u>

ጤና ይስጥልኝ እኔ----------እባለለሁ።። በአዲስ አበባ ዩኒቨርሲቲ የጤና ሳይንስ ኮሊጅ የማህበረሰብ ትምህርት ት/ቤት የጥናት ቡድን አባል ነኝ።ጥናቱ በሲቪምና የዘለቄታዊ ጊዜ የቤተሰብ ምጣኔ አገልግሎትን አጠቃቀምና ተዘማጅ ጉዳዎች ላይ በቢሾፍቱ ከተማ በሳይንሳዊ ዘዴ በተመረጡ ቀበለዎችና በመሙለድ አድሜ ዉስጥ የሚገኙ ሴቶች ላይ የሚሰራ ጥናት ነዉ።የዚህ ጥናት አላማ □ዲዲምና የዘለቄታዊ የቤተሰብ ምጣኔ አጠቃቀምን በተመለከተ ለማወቅና ከአጠቃቀሙም ጋር ተዛማጅ የሆኑ ችግሮችን በመለየት መፍትሄዎችን መጠቆም ነዉ።እኔ መረጃዉን ከሚሠበስቡት ሰዎች መሃል አንዱ ስሆን በመሙሊድ አድሜ ዉስጥ የሚገኙ ሴቶችና የሲቪምና □□ለቄታዊ የቤተሰብ ምጣኔ አጠቃቀምን በተመለከተ የተዘጋጁ ጥያቄዎችን እጠይቆዎታለሁ።። የእርስዎ እዚህ ጥናት ዉስጥ መሳተፍ ከሲቪምና የዘለቄታዊ □ቤተሰብ ምጣኔ ጋር የተያያዙ ችግሮች እንድሻሻሉ ስለምረዳ እንደሚተባበሩን ተስፋ አደርጋለሁ።።

በጥናቱ ላይ የሚሠተፉት በፍላጎትዎ ሲሆን በሙሉም ሆነ በከፊል ያለመሳተፍ መብትዎ የተጠበቀ ነዉ።በጥናቱ ላይ ያለመሳተፊ መብትዎ የተከበረና የሚሳተፉም ከሆነ ምስጥርዎ የማይባክን መሆኑን እርግጠኛ ይሆኑ።።ቃለመጠይቁ 20 ደቂቃዎችን ያህል የሚወስድ ሲሆን በማንኛዉም ጊዜ ማቆም ይችላሉ።።እስካሁን በተነጋገርንባቸዉ ጉዳዎች ላይ ያልገባዎትና ግልጽ ያልሆነ ነገር ከለ መጠየቅ ይችላሉ።። አሁን ጥናቱ ላይ ለመሳተፍ ተስማምተወልን?

አዎን---------↓------ አይደለም---------- አይደለም ከሆነ በማመስገን ወደ ቀጣዎ እናት ይሄዱ

<u>የስምምነት ቅጽ</u>

እኔ ስሜ ከዘህ በታች የተገለጸዉ ግለሰብ የጥናቱ አላማ በሰፊዉ የተነገረኝ እና የተረዳዉት ሲሆን፡ የሚሰጠዉ መረጃ ሚስጥራዊነቱ ፊጽሞ የተጠበቀ እንደሚሆን ስለተረዳዉ በጥናቱ ላይ ለመሳተፍ በፍላጎቱ ተስማምቻለሁ።።

መረጃዉን የሰጠዉ ሰዉ ስም----------ፊርማ----------

መረጃዉን የሰበሰበዉ ሰዉ ስም----------ፊርማ----------

መረጃዉ የተሰበሰበበት ቀን----------

IV. Amharic (local language) version questionnaire

በአዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ የማህበረሰብ ትምህርት ክፍል

በቢሾፍቱ ከተማ ውስጥ የረዥምና የዘለቄታዊ ጊዜ የቤተሰብ ምጣኔ አገልግሎትን በተመለከተ ያልተሟኩበት ምክንያት በወሊድ እድሜ ዉስዓ □ሚቶች ሴቶችና ከዚህ ጋር የተያያዙ ጉዳዩች ላይ የዳሠሣው ጥናት 2016.

□ጠ□□ቁ መለ□ ቁዓር ----------------ቀበሌ -------------------ቅዓ--------------መረጃው የተሠበሠበበት ቀን ------------ወር --------------------2016 መረጃውን የሠበሠበው ሠው ስምና ፊርማ ------------------------

የሱፐርቫይዘር ስምና-----------------------------------ፊርማ ---------------------------

ክፍል 1 አጠቃላይ የማህበራዊ መረጃን የተመለከተ መጠይቅ

ኮት	ዓ□ቁ	አማራጭ መልሶች	ወደ	አስተያየት
101	የተጠያቂው እድሜ	-------------አመት		
102	ከየትኛዉ ብሔር □ጠ□ባሉ?	1.ኦሮሞ 2 አማራ 3.ጉራጌ 4. ትግሬ 5.ዉላ□ታ 5. ሌላ ከሆነ ይገለፅ------		
103	ሐይማኖትዎ?	1.ኦርቶዶክስ 2. ሙስሊም 3.ኘሮቲስታንት 4. ካቶሊክ 5.ሌላ ከሆነ ይገለፅ--------------		
104	የትምህርት ደረጃዎ?	1. □ልተማረ 2. መፃፍና ማንበብ ብቻ 3. አንደኛ □ረ□ /1-4/ □ክል 4. መለስተኛ 2ኛ □ረ□ /5-8/ □ክል 5. 2ኛ ትረ□/9-10/ 6. ከፍተኛ 2ኛ □ረ□/11-12/ 7. ዲኘሎማና ከዚያ በላይ		
105	የባለቤትዎ /የጎ□ኛዎ የትምህርት ደረጃ?	1 .ያልተማረ 2.መፃፍና ማንበብ ብቻ 3. አንደኛ □ረ□ /1-4/ □ክል 4. መለስተኛ 2ኛ □ረ□ /5-8/ □ክል 5. 2ኛ ትረ□/9-10/ 6.ከፍተኛ 2ኛ □ረ□/11-12/ 7.ዲኘሎማና ከዚያ በላይ		

106	የቤተሰብ መጠን	በቁጥር---------		
107	የስራ ሁኔታ?	1.የመንግስት ሰራተኛ 2. ነጋዴ 3.የግል ስራ 4. የቀን ሠራተኛ 5.ተማሪ 6. የቤት አመቤት 7 .ሌላ ካለ ☐ቸን----------		
108	የባለቤትዎ ስራ ምንድነው?	1 .የመንግስት ሰራተኛ 2. ነጋዴ 3. ☐ል ስራ 4. የቀን ሠራተኛ 5.ተማሪ 6. የቤት አመቤት 7.ሌላ ካለ ☐ቸን----------		
109	የሠር ገቢዎ ስንት ደሞዝል?	----------ብር		
110	የባለቤትዎ /የጎ☐ኛዎ ሠራዊ ገቢዎ ስንት ደሞዝል?	----------ብር		

ክፍል 2. የተጠያቂው የስነ ተዋልዶ ሁኔታ

201	ሲያገቡ አድሚዎ ስንት ነበር?	1. <18 2. ≥18 3. አላስታዉሰዉም		
202	ል፱ ዉል☐ሸል?	1.አዎ 2.አይደለም	አይደለም ከሆነ ወደ 210	
203	በዓ☐ቁ ቁጥር 202 ዉልስዎ አዎ ከሆነ በስንት አመትዎ ወለዱ?	1. <18 2. ≥18 3.አላስታዉሰዉም		
204	ስንት ልጅ ወልደዋል?	1.ቁጥር ----------		
205	በህይወት ያሉ ል ጆዎ ስንት ናቸው?	1.ቁጥር----------		
206	ሌላ ል፱ ዉጪስት ☐☐ልፋሉ?	1.አዎ 2.አይደለም		
207	በዓ☐ቁ ቁጥር 205 ዉልስዎ አዎ ከሆነ ስንት ል ጅ ዉሉስድ ይፈልጋሉ?	1. ቁጥር ---------- 2. እ/ር በ☐ቀ☐ 3. ባሌ በ☐ቀ☐		
208	ዉቼ ዉሉስድ ይፈልጋሉ?	1.ከሁስት አመት ዉጪህ 2.ከሁስት አመት አና ከዚያ በሳይ		
209	የልጆችዎን ቁጥር ብዛት ማንነው የሚወስነው	1.ባል 2.ሚስት 3.ሁስቱም 4.☐☐ሌ		
210	ፅንስ ማዉረድ አጋጥሞ ያውቃል?	1.አዎ 2.አይደለም		
211	ዉልስ አዎ ከሆነ ስንት ጊዜ አስወርዶታል?	1.አንዴ 2.ሁስት አና ከዚያ በሳይ		

ክፍል 3. በዘመናዊ የቤተሰብ ምጣኔና በረዥምና ዘስቁታዊ የቤተሰብ ምጣኔ ሳይ ያስዉ ግንዛቤ

301	ስስ ቤተሰብ ምጣኔ አገልግሎት ሰምተዉ	1.አዎ 2.አይደለም	አይደለም ከሆነ ወደ	

	□ጨቃሉ?		304	
302	በጥያቄ ቁጥር 301 መልስዎ አዎ ከሆነ የትኛዉን?	1.መርፌ 2.ኪኒን 3.ኮንዶም 4.ከግብረ ስጋ ግንኙነት በ፷ሳ 72 ሠዓት ዉስጥ □ሚዉስት 5.ክንድ ዉስጥ የማቀበር 6.በማህፀን ዉስጥ የሚቀበረዉ 7.የአንቁላል መተላለፊያ ቦንቦ መቁረጥ 8. የወንድ ፍሬን መተላለፊያን ቦንቦ መቁረዓ 9.ሌላ ካለ □ዝለን ----------		
303	ስለ ቤተሰብ ምጣኔ መረጃዉን ከየት ሰሙ?	1.ከጎደኛ፡ ጎረቤት/ዘመድ 2.ባል 3.ጤና ባለሙያ 4. ሚዲያ 5.ከሌሎች		
304	በረጅምና በዘለቂታዊ ስለምሰዓ ቤተሰብ ምጣኔ አገልግሎት □ጨቃሉ?	1.አዎ 2.አይደለም	አይደለም ከሆነ ወደ 308	
305	መልሰዎ በጥያቄ ቁጥር 304 አዎ ከሆነ ስለሰሙት በረዥምና በዘለቂታዊ ቤተሰብ ምጣኔ ይጥቀሱልኛ	1.በክንድ ዉስጥ የምቀበር የቤተሰብ ምጣኔ 2.በመህፀን ዉስጥ የሚቀበር 3. .የሴት አንቁላል መተላለፊያ ቱቦ መቁረዓ 4. የወንድ ዘር መተላለፊያ ቱቦ መቁረጥ 5.ሌላ ካለ□ዝለን ----------		
306	መልሰዎ በጥያቄ ቁጥር 304 አዎ ከሆነ መረጃዉ ምንጩ ከየት ነዉ?	1.ከጤና ተቆማት 2. ሬድዮ 3.ተሌቭዥን 4.ጋዜጣ 5.ፓምፕሌ 6.ሌሎች		
307	ስለ ረዥም ኣና ዘለቂታዊ □ቤተሰብ ምጣኔ አገልግሎት ከጤና ባለሙያ ጋር ተወያይተው □ጨቃሉ?	1.አዎ 2.አይደለም		
308	በጥየቄ ቁጥር 307 መልስዎ አዎ ከሆነ የትኛዉን ላይ ነዉ?	1. በክንድ የሚቀበር 2.ማህፀን ዉስጥ □ሚቀበር 3. የሴት አንቁላል መተላለፊያ ቱቦ መቁረጥ 4. የወንድ ዘር መተላለፊያ ቱቦ መቁረጥ 5.ሌላ ካለ□ዝለን ----------		
309	በዓ□ቄ ቁዓር 307 መልስዎ አዎ ከሆነ ባለፉት አንድ አመት ዉስጥ ስንት ጊዜ በረዥምና ዘለቂታዊ የቤተሰብ ምጣኔ ተወያያችሁ ?	1.ቁዓር ----------		

310	ባለቤትሽ/ጎ□ኝሽ ጋር ስለ ፈቺም ስና □ስቁታ-ዊ የቤተሰብ ምጣኔ ይወያያሉ?	1. ስልተወያየንም 2. ስንድ ጊዜ 3. ሁለት ጊዜ 4. ሁል ቺ□		
311	በፈቺምና የዘለቁታ-ም የቤተሰብ ምጣኔ ላይ የባለቤትሽ/ጎ□ኝሽ አመለካከትህ ምን □መስላል?	1. መልከም ነው/ ያበረታታኝል 2. ስይደግፋም 3.ስላውቅም		
312	የፈቺምና የዘለቁታ-ዊ የቤተሰብ ምጣኔ ስገልግሎት ላይ ወሣኙ ማነው?	1. ስፈሴ 2. ባለቤት/ጎደኛ□ 3. ሁለታ-ችንም 4. ሌላ ከለ ይገለፅ----------		

ክፍል 4 በወሊት □እትሜ □ልል ዉስጣ በሚቸኙ ሴቶች ውስጥ የቤተሰብ ምጣኔ ስመፈፀጥና በተለያዩ የፈቺምና ዘለቁታ-ዊ የቤተሰብ ምጣኔ የሚይመርጡበት ምክንያት

401	ስሁን የቤተሰብ ምጣኔን □□ቀማሉ?	1. ስም 2. ስይደለም	አይደለም ከሆነ ወደ 403	
402	ስጥያቄ ቁጥር 401 ስም ከሆነ የትኛውን ነው □ሚ□ቀሙ?	1. ኪኒን 2. መርፌ 3. በማህፀን ውስጥ የሚቀበር 4. ክንድ ውስጥ የሚቀበር 5. የሴት የስንቁላል መተላለፊያ ቱቦን መቁረጥ 6. ሌላ ካለ □ሽን ----------		
403	ከዚህ በፌት የፈቺምና □ስቁታ-ዊ የቤተሰብ ምጣኔን ተ□ቀመጡ □ዉቃሉ?	1. ስም 3. ስይደለም	አይደለም ከሆነ ወደ 405	
404	ስጥያቄ 403 መልስዎ ስም ከሆነ የፈቺምና ዘለቁታ-ዊ የቤተሰብ ምጣኔ ጥቅሙ ምንድነው?	1. ስፈርቅ ስመውለድ 2. የቤተሰብ ብዛትን ስመወሰን 3. ምጣም ስጥጭ ስስሆነ 4. የጐንዮሽ ጉዳቱ ትንሽ ስስሆነ 5. ዋጋው ስስሚቀንስ 6. ሌላ ከለ ይገለፅ----------		
405	የፈቺም ስና ዘለቁተዊ □ቤተሰብ ምጣኔን ስመጠቀም ትፈልግያለሽ?	1. ስም 4. ስይደለም	አይደለም ከሆነ ወደ 407	
406	ስጥያቄ 405 መልስዎ ስዎን ከሆነ የትኛውን የመሊድ	1. በማህፀን ውስጥ የሚቀበር 2. በክንድ ውስጥ የሚቀበር		

	ምጣኔ ስገልግሎት መጠቀም □□ልፋሉ?	3. የሴት የስንቁላል መተላለፊያ ቧንቧን መቁረጥ 4. ሌላ ካለ □ቸልን ----------		
407	በማህፀን ውስጥ የሚቀበረውን የወሊድ መቆ□□ሪ□ □□ የማይጠቀሙበት ምክንያት ምንድ ነው?	1. ከዚህ በፊት ተጠቅሜ ስለማይመቸኝ ነው 2. የጤና ችግርን ስለሚያመጣ ነው 3. የጉንዮሽ ችግርን ስለምፈሩ 4. ባለቤተ/□□ኛዬ ስለማይመቸው 5. መከን ስለሚያደርግ 6. የመራብያ ስካልን ስለሚያጠቃ 7. የወር አበባ ወቅትን ስለሚያዛባ 8. ማህፀን ውስጥ ስለሚፈረካከስ 9. የግብረ ስጋ ግንኙነትን ምቾት ስለሚያሳጣ 10. ሌላ ካለ □ቸልን -------		
408	በክንድ ወስጥ የሚቀበረውን የማይጠቀሙ ከሆነ ምንያቱን ምንድ ነው ?	1. ከዚህ በፊት ተጠቅሜ ስለማይመቸኝ ነው 2. የጤና ችግርን ስለምያመጣ ነው 3. የጉንዮሽ ችግርን ስለምፈሩ 4. ባለቤተ /ነ□ኛዬ ስለማይመቸው 5. ወቅቱን ያልጠበቀ የወር አበባ ያመጣል 6. ስዕለት ስለት ስፈን ያስተጉጎላል/ያደክመኛል፣ መጠነኛ □ወፈኛል፣የአጅና የክንድ መዛል 7. መካን ስለሚያደርግ 8. የሠውነት የመቆጣትና የባህረ ስሙጥ ስለሚ□መ□ 9. የደም ግፊት ስለሚጨምር 10. ስራስ መተትና የወዴን መደብዘዝ ስለሚያመጣ 11. የክብደት መቀነስ ስለሚያመጣ 12.ሌላ ካለ ዴገስፅ ----------		
409	የሴት የስንቁላል መተላለፊያ ቱቦን መቁረጥ የወሊድ መከላከያን የማይጠቀሙበት ምክንያት መንድ ነው?	1. የጤና ችግርን ስለሚያመጣ ነው 2. የጉንዮሽ ጉዳትን ስለምፈሩ 3. ባለቤተ/ነ□ኛዬ ስለሚቃረነኝ 4. መካን ያደርጋል 5. ከፍተኛ ቀዶ ጥገናን ስለሚፈልግ 6. የማህፀን ጥቃት መንስዔ ስለሆነ 7. የግብረ ስጋ ግንኙነት ፍላጉትንይቀንሳል 8. ሌላ ካለ □ቸልን----------		

እናመሠግናለን!!

V. Guca odeeffannoo fi feedhii qayyabannaa

Gucaa oddeeffannoo fi feedhii qayyabannaa kun qo'annoo ittii fayyadamna tajaajila karoora maatii yeroo dheeraa fi dhabbataa,akkasumas sababoota hanqina itti fayyadama dubartoota umurii da'umsaa keessa jira, kan magalaa Bishooftuu,Naannoo Oromiyyaa, Giddugala Ityoophiyaa.

Namoota odefannoof barbaachisan:

Maqaa	**Bilbila harkaa**	**E-meelii**
1. Abbabaa Baqqalaa (BSc)	0911384163	abebeb1998@gmail.com

Maqaa Dhaabbataa: Universiitii Addis Ababaa Kolleejjii Sayinsii fayyaa, Mummee fayyaa Hawaasaa

Gucni oddeefannoo fi feedhii hirmannaa qayyabannaa kun kan qopha'ee itti fayyadama karoora maatii yeroo dheeraa fi dhaabbataa jiru irratti fi sababa hanqina isaa irratti qo'annoo gaggeesuu dha.

Seensa: Akkam jirtu? Maqaan Koo _____ jedhama

Waraqaan oddeeffannoo kun kan qopha'e qorannaa itti fayyadama karoora maatii yeroo dheera fi dhaabbataa jiru irratti fi sababoota hanqinnoota kanan wal qalqabatan jiran irrattidha.

Kayyoo Gooroo: Facahiinsa fi Sababoota hanqinoota itti fayyadama karoora maatii yeroo dheeraa fi dhaabbataa irratti magalaa Bishoftu keessatti muddatan adda baasuu Waxabajjii hanga sadaasa, 2016.

Barbachisummaa Qo'annoo: Qo'annoon kun haala itti fayyadamaa amma jiru erga adda baasee booda fulduratti fayyidaa uummataa fi murtee adda addaatiif bulchinsa magalaaf,Naannootii fi akka biyyaatti kan barbaachisu karoorsuu keessattii, rawwii fi hordoffii duukaa bu'uun akka reetiin du'atii hadholii hir'isuu irratti ga'ee isaa taphachuu ni danda'a.

Tartiiba hojii: Ragaan kun kan sassabamu waraqaa gaaffannoo dursee qopha'een ta'a.Ragichiis kan funaannamu fuulan fuulaan wal arguun manaa mana deemuun ta'a.Ragaa funanamee guyyaa guyyaan qaama qorannoo gaggeesuuf kennama. Qaamni ragaa kennu maqaa isaa kennuu dhisuu ni danda'a, iddoo maqaa koodiin fayyadamna.

Balaa fi Miidhaa qorannoo kanaan dhufu: Midhaa fi balaan sababa qorannoo kanatiin maamila fi qaama bira irratti dhufa jedhamee mirkana'ee tokkolee hin jiru.

Bu'a: Bu'aan sababaa ragaa kana nuuf kenniteef kennamuu hin jiru.

Onnachiftuu: Onnachiftuun mamiloota fi qaama biraaf qopha'ee tokkolee hin jiru.

Madaala qoranichaa: Qorannoo kan keessattii filatamuun kee muxannoo yeroo dheera waan qabduuf sababoota hanqina itti fayyadama karoora maatii yeroo dheera fi dhaabbataa irratti yaada bilichataa nuu kenitafi.

Mirga qoranichaa irratti hirmachuu dhiisuu: Hirmaatootni qorannoo kan yeroo barbaadanitti qorannoo addaan kutuu, haala duree tokko malee hirmannaa isanii adda kutuu ni danda'u.

Waan kana olitti jiru irratti hubatani hirmachuf fedhii qabduu?

Eeyyee_____ Lakki _____ → Galateeffachuun dubartii itti aantutti darbi

Unka walii galtee

Waa'een qo'annaa kanaa sirritti naaf galeera, kayyoo isaas hubadheera.Kanaaf qo'annaa kana keessatti hirmaachuuf fedhaqabaachuu koo mallattoo kootiin nan mirkaneessa.

Maqaa nama hirmaatee _____Mallattoo _____ guyyaaa_____

Maqaaa nama raga funaanee_____mallattoo_____Guyyaa_____

VI: Questionnaire in Afan Oromo version

Universiitii Addis Ababaa Kolleejjii Sayinsii fayyaa, Mummee Sayinsii fayyaa Hawaasaa.

Gaafannoo hanqina itti fayyadaminsa tajaajila karoora maatii yeroo dheeraa fi dhabbataa ta'ee fi sababaa dubartoota Umurii da'umsaa keessa jiran itta hin fayyadamne irratti magalaa Bishoftuu, Naannoo Oromiyyaa,Gidugala biyyatii keessatti qorannoo gaggeesuuf qopha'e ,bara 2016.

Koodii gaafannoo_____ Ganda _____ Goxii/maqaa naannoo_____

Guyyaa gaafannoo _____/ji'a_____/ bara 2016

Maqaanama ragaa fudhate _____

Maqaa suppervaayizaraa _____

Kutaa 1

Gaaffile haala waligala hawaasumma ykn amala jireenyaa hirmaatotaa ilaalchisee

koodi	Gaaffii	**Deebii**	**Gara**	**yaada**
101	Umurin keessan meeqa?	Waggaa _____		
102	Sabni keessan maali?	1.Oromoo 2.Amaraa 3.Guragee 4.Tigree 5.Wolayitaa 6.Kan bira haa ibsamu		
103	Amantaan keessaan maal?	1.Ortodoksii 2.Musiliima 3.pirotestantii 4.katolikii 5.kan bira		
104	Sadarkaan barumsaa Keessan hagamii?	1. Hin baranee 2.Barresuu fi Dubbisuu 3. Sad.1ffaa kuta(1-4) 4. Sad.1ffaa kuta(5-8) 5.Sad.2ffaa kuta(9-10) 6.Kutaa11- 12 7.Diplooma fi isaa oli		
105	Sadarkaan barumsaa kan abbaa manaa ykn hiriyyaa kee ykn keessanii hagami?	1. Hin baranee 2.Barresuu fi Dubbisuu 3. Sad.1ffaa kuta(1-4) 4. Sad.1ffaa kuta(5-8) 5.Sad.2ffaa kuta(9-10) 6.Kutaa11- 12 7.Diplooma fi isaa oli		
106	Baayina maatii	Lakk----------		
107	Hojiin idilee keessan maali?	1. Hojettuu mootummaa 2. Daldaltuu 3. Hojii dhunfaa 4.Hojeettuu guyyaa 5.Barattuu 6.Haadha manaa 7. NGO 8.Kan bira yaa ibsamu		
108	Hojiin idilee kan abbaa warraa ykn hiriyaa kee maali?	1.Hojetaa mootummaa 2.Daldalaa 3.. Hojii dhunfaa 4.Hojeetaa guyyaa 5.Barataa 6.Qotee bulaa 7. NGO 8. Kan bira yaa ibsamu__		
109	Galiin ji'a keessan hagami?	Qarshii_____		
110	Galiin ji'a kan abbaa warraa keessanii hagami?	Qarshii_____		

Kutaa 2
Haala seenaa wal-hormaata maamiloota ilaalchisee

201	yeroo jalqabaa herumtuu umuriin kee meeqa ture?	1. <18 2. ≥18 3. Hin yaadadhu		
202	Da'imma qabda/deessee?	1.Eeyye 2.lakki		
203	Yoo deebiin gaaffii 202f Eeyyee ta'e umuurii meeqatti deesse?	1. <18 2. ≥18 3. Hin yaadadhu		
204	Ijoollee meeqa ummatte/deesse?	1. Lakk._____		
205	Da'immaan kee amma jiran meeqa?	1 .Lakk._____		
206	Ammaan booda Daa'imma ummachuu/da'uu ni barbaada?	1.Eeyyee 2.Lakki	Lakki yoo ta'e gara gaffffi 210	
207	Yoo deebiin gaaffii 206f Eeyyee ta'e daa'immaa meeqa da'uu barbaada?	1 .Lakk._____ 2.Hanga waaqayyo kenne 3.Abba mana hanga heyyame		
208	Daa'imma yeroo kam da'uu barbaada?	1.Waggaa lamaa asitti 2.Waggaa lamaa fi isa oli		
209	Bayyina ijoolee dhalatanii eenyutu murteessa?	1.Abba manaa 2.Hadha manaa 3. Lameen 4. Rabbi		
210	Ulfi sirraa bahe beeka?	1.Eeyyee 2.Lakki		
211	Yoo deebiin gaaffii 210f eeyyee ta'e yeroo meeqaaf sirraa bahe?	1.Al tokko 2.Al lamaa fi isaa ol		
301	Waa'ee tajaajjila karoora maatii dhageessee ni beekta?	1.Eeyyee 2.Lakki	Lakki yoo ta'e gara 304 darbi	
302	Deebiin gaafii 301f eeyyee yoo ta'e isa kam beektan?	1.Lilmoon kennamu 2. Kinini guyya guyyan likifamu 3. kondomii 4. Kinini yeroo wal-qunnamti saala godhan sa'a72 keessatti fudhatamu.		

		5. Irree harkaa keessa kan awalamu. 6. Gadameessa keessa kan. Awalamu 7. Ujjummoo hanqaaquu dabarsitu kutu. 8.Vasektoomii 88 .Kan bira ha ibsamu		
303	Wa'ee karoora maati oddeefannoo isaa eessa dhageesse?	1. Hiriyyaa,Ollaa/Fira 2. Abba manaa 3. Ogeessa fayyaa 4. Midiyaa 5. kan biraa yaa ibsamu		
304	Kanaan dura waa'ee karoora maati yeroo dheeraa fi dhabbataa tajaajjili akka kennamu beekta?	1.Eeyye 2.Lakki		
305	Deebiin gaafii 304f eeyyee yoo ta'e, isa dhageesse kam akka ta'e yaa ibsamtu	1. Irree harkaa keessa kan awalamu. 2. Gadameessa keessa kan. Awalamu 3. Ujjummoo hanqaaquu dabarsitu kutu. 4.Vasektoomii 5.kan biraa yaa ibsamu		
306	Deebiin gaafii 304f eeyyee yoo ta'e, maddi oddeefannoo eessaa akka argate yaa ibsamu	1.Dhaabbilee fayyaa irraa 2. Radiyyoo 3. Televisinii 4. Gaazexaa 5. Pampileetii 6.kan biro yaa ibsamu		
307	Kanaan dura waa'ee karoora maatii yeroo dheera fi dhabbataa ogeessa fayya waliin mari'atee beektaa?	1.Eeyye 2.Lakkii		
308	Deebiin gaaffii 307f Eeyyee yoo ta'e karoora maatii gosa kam irratti?	1. Irree harkaa keessa kan awalamu. 2. Gadameessa keessa kan. Awalamu 3. Ujjummoo hanqaaquu dabarsitu kutu. 4.Vasektoomii 5 .Kan bira ha ibsamu_____		
309	Yoo deebiin gaaffii 307f Eeyye ta'e yeroo meeqa marii gaggessitee beekta waggaa tokko darbee keessatti?	lakk._____		
310	Wayila kee waliin wa'ee karoora maatii yeroo dheraa fi dhabataa irratti ni mari'atu?	1. Hin mari'anne 2.Si'a tkkoo 3. Si'a lama 4. Yeroo hunda		

311	Ilaalchi waayila keetii wa'ee karoora maatii yeroo dhera fi dhabbata irratti qabu maal fakkata?	1.Ni deegara 2.Ni morma 3.Ani hin beeku 4. Kan bira ha ibsamu_____		
312	Itti fayadama karoora maatii yeroo dheera fi dhabbata kana irratti murtessan Eenyu?	1. Ana 2.Waayila kiyya 3.Nulachuu 4.Kan bira ha ibsamu____		
401	Yeroo ammaa kana karoora maatii ni fayyadamtaa?	1.Eeyyee 2.Lakki	Lakki yoo ta'e lakk.403 darbi	
402	Deebiin gaaffii 401f eeyyee yoo ta'e gosa kami fayyadamtu?	1.Kininii 2.Lilmoo 3. Kan gadameessa keessa awalamu. 4. Kan irree harkaa keessa awalamu. 5. Ujjummoo hanqaaquu dabarsu kuttuu 6.Kan bira ha ibsamu_____		
403	Kanaan dura karoora maatii yeroo dheraa fi dhabbataa fayyadamtee beektaa?	1.Eeyye 2.Lakki	Lakki yoo ta'e lakk.405 ti darbi	
404	Deebiin gaaffii 403f eeyye yoo ta'e, fayyidaan isaa maal?	1Addan fagessee da'uuf 2.Bay'ina maatii murteesuuf 3.Amansisaa waan ta'eef 4.Midhaa guddaa waan hin qabneef 5.Gatiin waan hir'atuuf 6.Kan bira ha ibsamu____		
405	Karoora maatii yeroo dheera fi dhaabbataa fayyadamuu ni barbaada?	1. Eeyye 2. Lakki	Lakki Yoo ta'e Lakk 407ti darbi	
406	Deebiin Gaaffii 405f eeyye yoo ta'e gosa kam fayyadamu barbaada?	1. Gadamessa keessa kan awalamu. 2.Irree harkaa keessa kan awalamu 3.Ujjummoo hanqaaquu dabarsu kuttuu 4.Kan bira ha ibsamu_____		
407	Karoora maatii gosa gadamessa keessa awalamu yoo kan hin fayyadamne ta'e, sababiin isaa	1. Kanaan dura fayyadamee waan natti hin tolef. 2. Rakkoo fayyaa waan fiduuf.		

	maal?	3.Rakkoo isaan wal qabate dhufu sodadheen 4.Waayila kiyyaatti waan hin toleef 5.Maseennummaa waan fiduuf 6.Miidhaa qaama walhormaata irratti waan fiduuf 7.Sagantaa laguu itti dhufu waan jeequf waan jeequf 8.Gadameessa keessatti waan tortoruuf 9. Yeroo wal qunnamtii saala waan hin mijanneef. 10.Kan bira ha ibsamu____		
408	Karoora maatii irree keessatti awalamu yoo kan hin fayyadamne ta'e, sababiin isaa maal?	1. Kanaan dura fayyadamee waan natti hin tolef. 2. Rakkoo fayyaa waan fiduuf. 3.Rakkoo isaan wal qabate dhufu sodadheen 4.Waayila kiyyaatti waan hin toleef 5. Yeroo laguun itti dhufu waan jeequf. 6. Hojii guyyaa guyyaa irratti dhiibbaa(irree harka lamsheesuu fi kkf. 7.Masenummaa fida 8.Amala nama jijjira, dallansuu qaamaa fida 9.Kan bira yaa ibsamu___		
409	Yoo tajaajila karoora maatii ujjummoo hanqaaquun keessa deemu kuttuu hin fayadamne sababin isaa maal ture?	1.Rakko fayya fida 2.Rakkoon isaan wal qabate dhufu guddadha 3.Waayili kiyya waan mormeef 4. Masenummaa fida 5. Baqaqsani suphuu guddaa waan barbaduuf 6. Hubamuu gadameessaf ka'uumsa ta'a. 7. Fedhii wal-qunnamtii saala xiqqeessa. 8.Kan bira ha ibsamu____		

Galatooma!!