



ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCE
SCHOOL OF PUBLIC HEALTH

MAGNITUDE AND ASSOCIATED FACTORS OF UNMET NEED FOR FAMILY PLANNING
AMONG MARRIED WOMEN OF RURAL SUDE WOREDA, ARSI ZONE, OROMIA
REGION

BY

WUBISHET KEBEDE (B.SC)

A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES OF ADDIS ABABA
UNIVERSITY, IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE
OF MASTERS IN PUBLIC HEALTH

JUNE, 2010

ADDIS ABABA

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCE
SCHOOL OF PUBLIC HEALTH

MAGNITUDE AND ASSOCIATED FACTORS OF UNMET NEED FOR FAMILY PLANNING
AMONG MARRIED WOMEN OF RURAL SUDE WOREDA, ARSI ZONE, OROMIA
REGION

BY

WUBISHET KEBEDE (B.SC)

A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES OF ADDIS ABABA
UNIVERSITY, IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE
OF MASTERS IN PUBLIC HEALTH

JUNE, 2010

ADDIS ABABA, ETHIOPIA

Acknowledgement

This thesis research would not have been possible without the financial support of Addis Ababa University School of public Health. My deepest thanks goes to my advisor, Dr. Alemayehu Mekonnen for his beneficial assistance, advise, critique and encouragement starting from the development of the proposal up to the end of the thesis work. I would like to acknowledge the Oromia Health Bureau, Sude woreda Health office and members of all four kebele officials where the data were collected, which their help made the data collection success. At last but not least my thanks go to, my Family, my friends and the study participants who devoted their time to give valuable information.

Table of Contents

Acknowledgement.....	I
Table of Contents	II
List of tables	IV
List of figures	V
Abstract	VI
1. Introduction	1
1.1. Statement of the problem.....	1
1.2. Rationale of study.....	3
2. Literature review	4
3. Objectives.....	10
3.1. General objective.....	10
3.2. Specific objectives.....	10
4. Methods and materials.....	11
5. Results	19
5.1 Quantitative study result.....	19
5.2. Qualitative study results	31
6. Discussion	34
7. Strength and limitation of study	37
8. Conclusion.....	38
9. Recommendation.....	39
10. References	40
Annex -1 Questionnaire English version.....	43
Annex-2 Questionnaire Afaan Oromo version	54
Annex -3 Focused Group Discussion guidelines	63
Annex -4 key informant interview guidelines	64

List of abbreviations

AOR –Adjusted Odd Ratio

CI – Confidence interval

COR – Crude Odd Ratio

DHS - Demographic and Health Survey

EDHS – Ethiopian Demographic and Health survey

Epi-info –Epidemiological information

FGD – Focused Group Discussion

IUCD –Intra Uterine Contraceptive Device

MPH – Master of public health

OR – Odd Ratio

SPSS - Stastical package for social science

SRS – Simple random sampling

List of tables

Table -1.Socio-demographic characteristics of married women of Sude woreda, Arsi Zone, Oromia region, March 2010-----18

Table-2 Past and Current reproductive characteristics of currently married women, Sude woreda, Arsi Zone, Oromia region, March 2010-----20

Table -3 unmet need, current use and total demand for family planning among currently married women in reproductive age group, Sude Woreda, Arsi zone, Oromia region March 2010-----22

Table-4 unmet need for spacing and limiting for family planning methods by selected socio-demographic characteristics, Sude woreda, Arsi zone, oromia region, March 2010-----25

Table -5 Reasons for not using contraceptive methods among currently married women with unmet need, Sude woreda, Arsi zone, Oromia region march 2010-----26

Table -6 Relationship between the desired and actual number of children a women had, Sude woreda, Arsi zone, Oromia region march 2010-----27

Table -7 adjusted effects of selected variables on unmet need for limiting among currently married women of rural Sude woreda, Arsi zone, Oromia region march 2010-----28

List of figures

Figure.1 .Conceptual framework-----	8
Figure -2 Schematic presentation of sampling procedure for quantitative study-----	12
Figure.3 purpose and contraceptive methods used among currently married women, Sude woreda, Arsi zone, oromia region, March 2010-----	21
Figure.4. Unmet need for family planning among currently married women, Sude woreda, Arsi zone, Oromia Region March 2010-----	23

Abstract

Back ground: Although there is an increased contraceptive prevalence rate over a time and many organizations involved on family planning programs, results from different studies indicated that high unmet needs exist for family planning in Ethiopia. However, studies on magnitude and determinants of unmet need for family planning in Ethiopia are limited to certain urban areas and couldn't be generalizable to the rural communities. Therefore, this study identified the magnitude and associated factors of unmet need for family planning specifically among rural women of selected woreda and could be used for designing and monitoring the family planning programs.

Objective: To assess the situation of family planning among currently married women of rural Sude Woreda, Arsi zone, Oromia Region.

Methodology: Community based cross-sectional study design was used from March to April, 2010. Multi stage sampling technique was used. Primarily, simple random sampling technique was used to select four kebeles from 37 rural kebeles of selected woreda. By using systematic sampling technique 820 Households were selected at every fixed number of households. Only one respondent who met inclusion criteria was interviewed from each household. Focused Group Discussion and key informant interview was done to strength qualitative data. The data was analyzed by using Epi-info and SPSS.

Results: Unmet need for family planning was found to be 16.5%, of which 8.6 % and 7.9 % were for spacing and limiting, respectively. Only age was found to be significantly associated with unmet need for limiting [AOR: 2.41, 95%CI: (1.083, 5.368)].

Conclusions: Generally, the current study indicated that the contraceptive prevalence among currently married reproductive age women was higher than that of national and oromia. High proportion of women who want to use methods for limiting birth, were found to be using injectables and pills, due to unavailability of long term and permanent methods of contraceptives

1. Introduction

1.1. Statement of the problem

The history of family planning in Ethiopia was associated with Family Guidance Ethiopia since 1960. Women who prefer to space or limit the birth but not using any contraceptive method are considered to have unmet need for family planning. The concept of unmet need for family planning can apply to all sexually active, fecund women. Its measurement has been limited largely to married women, however, because for most countries data necessary to measure unmet need has been available only for married women(1).Ethiopian is second populous country in Africa next to Nigeria. The population is estimated as 77 million according to 2007 census. Ethiopia's population is growing fast pace, adding some two million people every year (2) . A major consequence of the high birth rate is that the population is young; children under fifteen years of age made up almost half of the population. Therefore, a large number of the population is dependent and likely to necessitate heavy expenditures on education, health, and social services. If the current fertility rate continues and mortality turns down as would be projected under normal conditions, it is anticipated that the population of Ethiopia may grow at the rate of 3.1 % or even more a year during the remaining part of the present century (2).Results from Ethiopian demographic and health survey shows that the total fertility rate for Ethiopia is about 5.4 births per woman. Generally, the fertility rate in rural areas (6.2) is higher than that of urban (2.4). The data show that women on average have 1.4 children more than their ideal number. The gap between wanted and observed fertility rates is greater among women living in rural than in

urban areas. The difference in the two rates is largest in Oromia (a two-child difference) and smallest in Addis Ababa. There are substantial differentials in fertility among regions, ranging from a low of 1.4 children per woman in Addis Ababa to high of 6.2 children per woman in Oromia (3).

The estimated number of maternal death revealed that the highest maternal death was in Africa and Asia, with only 4% occurring in Latin America and Caribbean and less than 1% in the more developed countries. The life time risk of death is highest in sub-Saharan, Africa, with as many as 1 woman in 16 facing the risk of maternal death in the course of her life time, compared with 1 in 2800 in developed regions(4). Study conducted in Harar showed that about 33.3% of pregnant women reported that their most recent pregnancies were unintended. Of these 50% had unintended child births while 50% ended in induced abortion (5).Meeting the family planning needs of women would decrease the rate of population growth and its consequences. Since studies done on assessing determinants for unmet needs were in certain selected urban areas and not show the situation in rural areas and no study was done previously at selected area this study will provide necessary information on the magnitude and associated factors for unmet need for family planning among married women of rural Sude woreda, Arsi zone, Oromia region.

1.2. Rationale of study

Estimates of unmet need for family planning especially in rural areas will benefit family planning service planners and policy makers. Primarily it will be used to estimate the potential demand for family planning if non users intend to use contraceptive. Identifying the underlying factors for unmet need will also enable family planning programmers to design specific strategies and interventions to solve the problems and increase contraceptive prevalence. Preventing unintended pregnancy through eliminating or minimizing unmet needs will have positive consequences on the health of mothers and child, also decrease population growth rate. Finally, the findings of this study could be used by those who are interested to undertake further study on the same area or subject.

2. Literature review

Unmet need is defined on the basis of women's response to survey questions. Since 1984 the main information source for measuring unmet need has been the demographic and health survey(1).

Magnitude of unmet need for family planning:

In developing countries millions of women have unmet need, estimated by the population report in 1996 at about 100 million or about one married woman in every five, based on finding from 45 DHS and other comparable national surveys (1).Survey conducted in 13 developing countries found that women cited a range of obstacles that prevent them from using contraceptives. Most prominently cited are lack of knowledge about contraception, health concerns about contraceptives and side effects, opposition from husbands, families, communities ,little perceived risk of pregnancy, high cost ,limited supplies and quality of family planning services, cultural or personal objections (1, 6) .Many studies in different countries also show high unmet need , though there was high prevalence of contraceptive users. Study done in eastern region of Nepal on assessing the prevalence and determinants of unmet need for family planning indicated that a contraceptive prevalence rate of 49% with 25% unmet need(15% for spacing and 10% for limiting) (7).

Unmet need for family planning services to space and limit births was high in West Africa. In Benin, modern contraceptive prevalence increased from 3 to 7% over the year between 1996 and 2001.The 2001Enqueles demographic etde sante Benen report about 27 percent of married reproductive age women had unmet need for family planning, with 17 % for spacing and 10% for limiting the birth. Unmet need was higher in urban (30%) than rural areas (26%) (8).

Study from Ethiopian Demographic and Health Survey showed that there was high unmet need for family planning. Thirty-four percent of currently married women had an unmet need for family planning (20% for spacing and 14 % for limiting) .Only 15 percent of women had a met need for family planning. If all currently married women who say that they want to space or limit their children were to use a family planning method, the contraceptive prevalence rate would increase three-fold to 49 percent. Currently, only 31 percent of the family planning needs of currently married women are being met. Rural women have twice the unmet need of urban women and less than one in four rural women have the demand for family planning satisfied, compared with three in four urban women. Unmet need is lowest in Addis Ababa (10 %) and highest in Oromia (41%)(3).

Determinants of unmet need for family planning

The main determinants of unmet need can be classified as demographic and socio-economic factors.

Demographic factors

Maternal Age: the relationship between unmet need and age depends on whether the need for family planning is to space or to limit births (7, 8). Unmet need to space births is high among younger age group (15-29) and much lower for among women in their 30s and 40s.by contrast the unmet need for limiting is low among younger women and high among women ages 35 and older. Unmet needs for spacing by age of women in Benin were 27%, 24%, 15%, and 4% for age interval of 15-19, 20-29, 30-39, and 40-49 years respectively while unmet needs to limit births by the age of women were 1%, 2%, 14%, and 24% for age group of 15-19, 20-29, 30-39, and 40-

49 years respectively. According to the study done in Iraq, unmet needs for any contraception were high as maternal age increased (9).

Ethiopian Demographic and Health survey showed unmet need for spacing decreases with age while the opposite is true for unmet need for limiting, with the exception of women age 45-49. Overall, unmet need remains relatively high at all ages but falls sharply at age 45-49 (3).

Age at marriage, total number of children: The association between unmet need and age at marriage were highly significant; women with age at marriage of 17-18 and greater than 18 years were 2.3 and 2.2 times more likely to have unmet need respectively. The odds of unmet need were 2.24 times higher in women with four or more children and 2.21 times higher in women with two children. It showed an increase in unmet need with increase in the number of children. The association was highly significant (7). Unmet need to space births was highest among women with fewer children about 23% for 1 to 2 children and unmet need to limit births was highest among women with more children about 23% for 6 or more children (8). Place of residence, work status, child loss, mass media exposure and sex preference were also identified as determinants of unmet need (9). Study conducted in Oromia showed that there is statistically significant difference between women who intended to limit child bearing and who want more children in terms of age, number of living children, experience of child death and living. A higher proportion of women who want more children are younger, have fewer children and are illiterate and living in rural areas (10).

Socio-economic factors

Religion, cultural, family or personal oppositions: The study in Nepal showed that Muslims had higher odds (OR= 2.7; 95% CI 1.15-6.66) of having unmet need which was statically significant as compared with Hinduism (7) . Among Women with unmet need for spacing, who didn't intends to use in the future about 25 % were raised religion ,cultural ,family or personal oppositions as a major reasons. About 23% report fertility related reasons, most often infrequency of sex or concerns about interference with future child bearing, 22% reports method related reasons, primarily health concerns and fear of side effects while 16 % reports as they don't know a method and source of family planning. The same reasons were raised also among those with limiters who didn't intend to use in the future (8, 9).

Educational status, house hold wealth /socio-economic status

In Benin house hold wealth didn't have a strong association with unmet need for family planning services(8) . Study conducted to assess the utilization of family planning among married Sudanese women, revealed that respondents who had good knowledge were significantly more likely to report high level of using modern contraceptive methods than those who had poor knowledge (11). Educational and socio –economic status had significant role on the unmet needs of any method of contraception (9, 11, 12). Result from Ethiopian demographic and health survey also showed that, women with no education are twice as likely to have an unmet need for family planning as women with secondary or higher levels of education. Unmet need ranges from a low of 24 percent among women in the highest wealth quintile to a high of 38 percent among women in the second wealth quintile (3).

Health concern about contraception and side effects

The main reasons identified for not using contraceptives were: primarily due to pregnancy, high proportions of pregnancies were found to be unwanted. The reasons for unwanted pregnancy were due to failure in contraceptive methods. Health concerns about contraceptives and side effects including fear of disease, suffering from diseases and problem with physical system (9). Generally there have been many studies done in Africa and Ethiopia on factors associated with unmet need and use of family planning. But studies done in Ethiopia to assess the determinants of unmet needs are mainly in certain urban areas and are not representing the situation of rural areas.

To fill the gap this study will assess the magnitude and associated factors for unmet need for family planning among married women of rural Sude woreda ,Arsi zone ,Oromia Region .I hope this study will contribute a lot to the improvement of family planning services in the woreda by enabling to design appropriate service delivery approaches and strategies.

Conceptual frame work is constructed as follow to show the interaction of different variables with the dependent variable, that is unmet need.

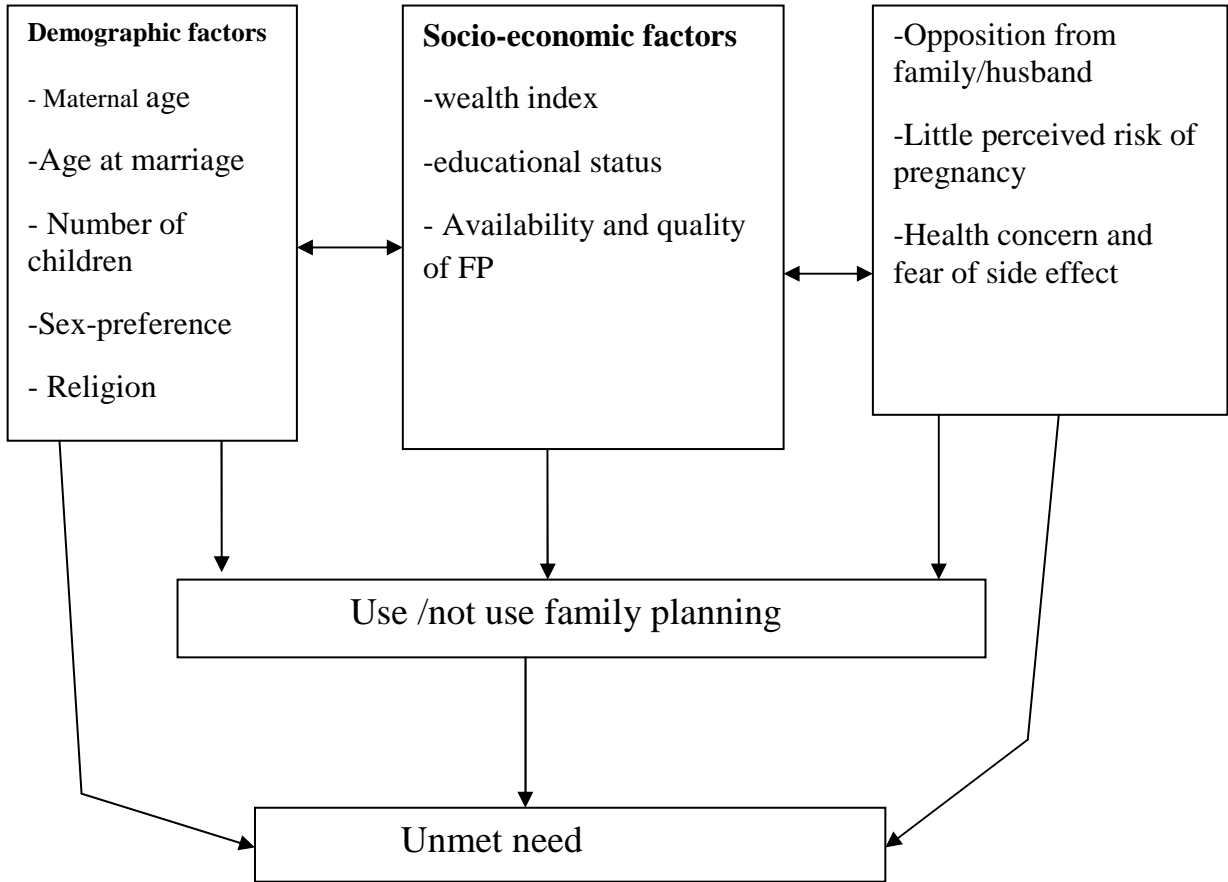


Figure .1 Showing the Conceptual framework

3. Objectives

3.1. General objective:

- To assess the situation of family planning among married women of Rural Sude woreda, Arsi zone, Oromia region

3.2. Specific objectives:

- To estimate magnitude of unmet need for family planning in rural Sude woreda, Arsi zone, Oromia region
- To estimate the total demand for family planning in rural area of Sude Woreda, Arsi zone, Oromia Region
- To assess the associated factors for unmet need for family planning in rural Sude Woreda, Arsi zone, Oromia region

4. Methods and materials

4.1. Study area - The study area was four rural kebeles selected from Sude Woreda, Arsi zone, Oromia Regional State. Arsi Zone is one of the 17s administrative zones of Oromia regional State, which is located 175 km from Addis Ababa and 75 km from Adama. The Zone has 24 woreda, with a total population of 2,635,515 of which around 306,369 (11.62 %) living in urban and 2,329,146 (88.37 %) in rural areas. About 1,313,357 (49.83%) of the total population were females. Sude Woreda is one of the 24 Woredas of Arsi Zone which has 37 rural and 3 urban kebeles. The woreda is located at 215 km from Addis Ababa. It has total populations of 145,673 of which, 72,953(50.1%) and 72,720(49.9%) were males and females respectively. Out of 142,843 populations living rural, 71,450 and 71,393 were males and female's respectively(13).

4.2. Study design and period- community based cross-sectional survey was used for quantitative study from March to April, 2010. Focused Group Discussion and key informant interview was under taken for qualitative study.

4.3. Source population- All reproductive age currently married women of rural Sude Woreda, Arsi zone, Oromia Region

Inclusion criteria: Fecund woman living with husband and found with in reproductive age

Exclusion criteria: Infecund women, unmarried woman, living in union but not legally married , mentally or critically ill woman during data collection. In fecundity and marital status of women was identified based on self report

4.4.Sampled population – All reproductive age currently married women, of a selected kebeles.

4.5.Study population – All reproductive age women identified randomly from sampled population

4.6. Variables of the Study

Dependent variable: unmet need for family planning for spacing and limiting birth

Independent variables: Respondent's age, age at marriage ,total number of children, health concern and fear of side effects , opposition from husbands and others ,accessibility and quality of family planning services, religion, educational status ,desired number of children .

Sample size calculation:

Sample size (n) required for quantitative study was calculated by using single population proportion (p) formula as follows;

$$n = \left(\frac{Z_{\alpha/2}}{d} \right)^2 P (1 - P) , \quad n = \left(\frac{1.96}{0.05} \right)^2 0.414 (0.586) = 373$$

$$n = (373 + 37.3) \times 2 = 820$$

To compensate for non-response = 10%, and design effect= 2

Where n is sample size, p is the proportion of reproductive age married women with Unmet need; d² is margin of error which is 5% and, 95% confidence interval. Because there is no finding that indicates unmet needs level at specific areas of study, the Ethiopian Demographic and Health Survey 2005 finding of Oromia region 41.4 % was used.

4.7.Sampling procedures

Multi stage sampling technique was used. Initially, simple random sampling technique was used to select four kebeles from 37 rural kebeles of the woreda. The calculated sample was proportionally allocated for each kebele depending on the size of each Keble's households. By dividing the sample size required to total households in the kebele, ($k=7$ households) was obtained. Systematic sampling technique was used to select households. Only one woman was asked from one household. In the case of polygamy and more than one eligible woman in household, only one respondent was randomly selected and interviewed. During data collection process, the data collectors interviewed the respondents based on inclusion criteria in every 7th households. The first household for interview was selected by lottery method. In case there was no eligible woman in selected house hold, the next household was selected.

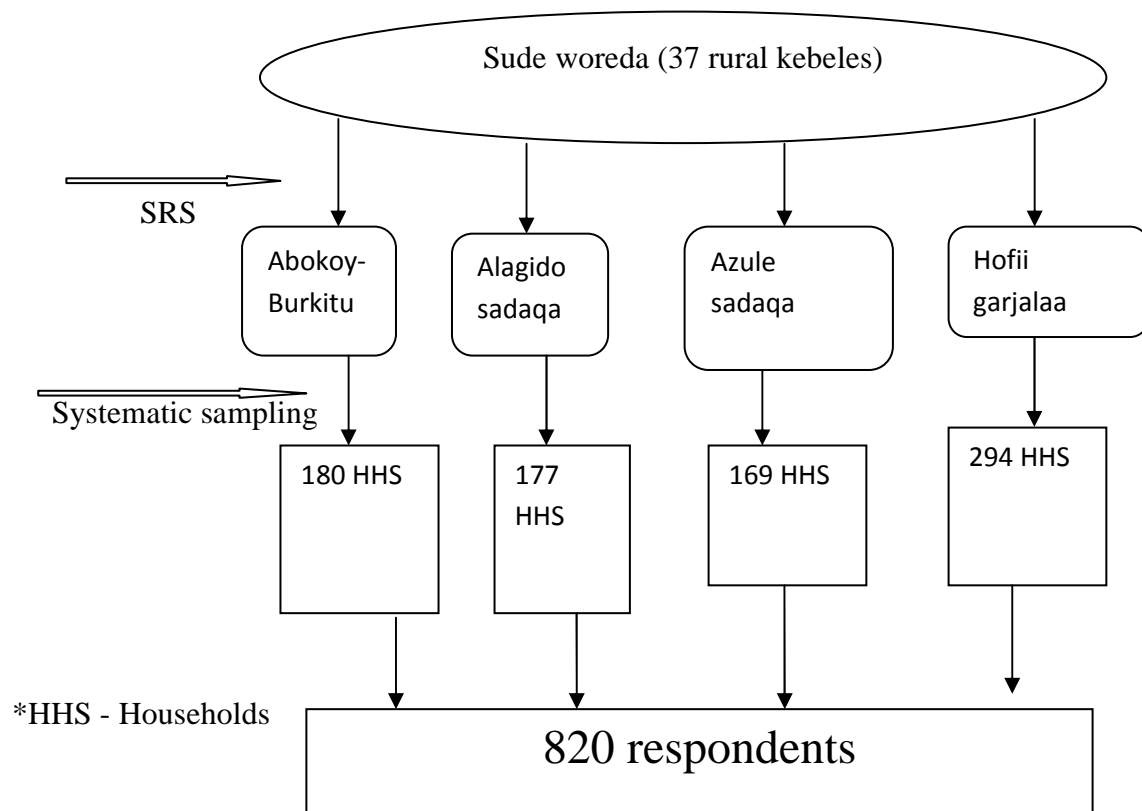


Figure -2 Schematic presentation of sampling procedure for quantitative study

For qualitative

Purposely, the community health workers and women in the area were selected. For focused group discussion (FGD), women from their kebeles were selected. Key informant interview with health extension workers was done.

4.8. Tools for data collections - Structured questionnaire were used for quantitative study. Semi-structured guides were used for focused group discussion (FGD) and key informant interview of health extension workers.

4.9. Methods of data collection

Grade 12 completed female students were recruited to interview respondents. Supervisors from each selected kebeles were used to monitor the data collection activities. For Focused Group Discussions, one facilitator and one note taker were used. The principal investigator was the facilitator of the discussion while one who has good experience on taking note during discussion was selected and records all ideas of respondents. Data from FGD was manually compiled on the basis of note taken during the discussion. Points that were argued up on by participants and reach on consensus were considered.

4.10. Data quality control

The quality of data was controlled starting from the time of questionnaires preparations. First the questionnaire which was prepared by English was translated into Afaan Oromo, the local language. To insure the consistency of the tool it was translated back to English. Training was given for data collectors, grade 12 students, and supervisors on the purpose of study and procedures of data collection for 3 days prior to study. Female interviewers were used, to increase response rate. After completing the training, trainees had conducted a pre-test at non-study area. Finally, we discussed on problem they encountered on pre-testing and corrective measures were taken. During data collection, the supervisors were received questionnaires from data collectors and reviewed for completeness, accuracy, and consistency. Correction measures were taken by discussing with the research team.

4.11. Data entry and analysis procedure

The collected data were entered into computer for analysis by using Stastical packages: Epi-info version 3.2.2. After all data were entered and completed, cleaning was done. Finally, the data was exported to SPSS version 16 for further analysis. Both the descriptive and Bivariate /multivariate analysis are performed. Descriptive analyses were done by using mean, median, standard deviation, and percentages. Significance level and association of variables was tested by using and 95% confidence interval and odd ratio respectively.

Unmet need for spacing:-was obtained by adding women who were pregnant, but the pregnancy was mistimed, and those non- pregnant and fecund women who want to space the birth at least for two years, but did not use any contraceptive methods

Unmet need for limiting:- was obtained by adding number of pregnant women whose current pregnancy were unwanted at all, and those non-pregnant women who want to stop birth but did not use any contraceptive methods

Total unmet need for family planning: Sum of unmet need for limiting and spacing

Percentage of unmet need: Total unmet need for family planning dividing by reproductive age currently married women

Met need: Women using contraceptive methods for either spacing or limiting

Total demand: Sum of percentage of met need and unmet need for family planning

Percentage of demand satisfied: Percentage of women currently using family planning divided by percentage of women with demand for family planning

4.12. Ethical considerations

Ethical clearance letter was obtained from institution review board(IRB) of Addis Ababa University, Faculty of Medicine and a written consent was obtained from local authority and concerned government bodies. Additionally an informed verbal consent was obtained from each respondent after providing sufficient information on the purpose of study. To ensure the confidentiality of respondents their names was not written on the questionnaire and all interviews were done individually

4.13. Dissemination of results

Primarily, result of this study will be submitted to Addis Ababa University, school of public health as partial fulfilment for Master of Public Health. The copy of this result will also given for Sude woreda health officer and Arsi zone health bureau .Any interested or concerned organizations can also use the results of this thesis.

4.14. Operational definitions

Unmet need for contraception – Women are defined as having an unmet need if they are fecund, married or living in union, not using any contraception, do not want any more children or want to postpone for at least two years, also unmet need includes pregnant or amenorrheic women with unwanted or mistimed pregnancies/births and not using contraception at time of last conception.

Fecund - a woman of reproductive age who has potential to conceive and reproduce

Amenorrhea –absence of menstrual period.

Spacers – a married/ in union woman who want to extend birth for at least two years but not used any family planning methods .

Limiters – a married/ in union woman who want to limit birth, but not use any family planning methods.

5. Results

5.1 Quantitative study result

A total of 820 currently married women were included in the study. Of these, 807 women were included in the analysis making a response rate of 98.4 %. The main reasons for non –responses to survey questions were: the selected respondents were not present at home during frequent visit and others refused to interview because of personal reasons.

Socio- demographic characteristics of the study population

Respondents for this survey were currently married women in reproductive age selected from four rural kebeles. The minimum and the maximum ages were 15 and 48 years, respectively. The median age was 32. Five hundred thirty eight (66.7%) of respondents were between the age of 25-39 years, while ninety (2.4%) were between age of 15-19 years.

Five hundred eighty five (72.5%) were Muslim, while protestants accounted for only 1 (0.1%) of respondents. Five hundred seventy three (71%) were unable to read and write, while one hundred fifty four (19.1 %) attended formal education. Seven hundred sixty eight (95.2%) of respondents were Oromo, followed by 31(3.8%) Amhara and 3(0.6%) Gurage. Respondent’s occupations were: house wife, merchant, and farmers that accounted for, 630(78.1%), 95 (11.8%) and 68 (8.4 %) respectively. (Table-1)

Table -1 Socio-demographic characteristics of currently married women of Sude woreda, Arsi zone ,Oromia region, March 2010 (n=807)

Variables	Frequency	percent
Age (years)		
15-19	19	2
20-24	72	9
25-29	181	22
30-34	174	22
35-39	183	23
≥40	178	22
Religion		
Muslim	585	73
Orthodox	221	27
Protestant	1	0
Educational status		
Illiterate	573	71
Read/write only	80	10
Attend formal education	154	19
Occupation		
House wife	630	78
Merchant	95	12
Farmer	68	8
Others	14	2
Ethnicity		
Oromo	768	95
Amhara	31	4
Others	8	1

Past and current reproductive history of the study populations

Age at first marriage was found to be as early as 12 years, and as late as 39 years. The median age at first marriage was 17 years while that of age at first pregnancy was 18 years. Out of seven hundred twenty eight respondents who could remember the age when they had their first pregnancy, 494 (67.9%) and 31 (4.3%) were less than or equal to 19 and greater than 25 years respectively. One hundred forty two (17.6 %) of women responded that, they decided the number of children they wanted to have through out their reproductive age. Of these 104 (73.2%) desired to have 4-6 children. The minimum and maximum number of desired children was 2 and 10 respectively, with median of 4 children .Two hundred nine (25.9 %) of the respondents were found to be pregnant at the time of survey. Twenty nine (13.9%) and 6 (2.9 %) of pregnancies were mistimed and not wanted at all respectively. One hundred thirty nine (66.5%) were intended pregnancies. (Table- 2)

Table-2 Past and Current reproductive characteristics of currently married women , Sudeworeda, Arsi Zone ,Oromia region ,March 2010

Variables	Frequency	Percent
Age at first marriage(years) (n=796)		
≤19	638	80.2
20-24	130	16.3
≥25	28	3.5
Age at first pregnancy(years) (n=728)		
≤19	494	67.9
20-24	203	27.9
≥25	31	4.3
Desired number of children (n=142)		
≤3	21	14.8
4_ 6	104	73.2
≥6	17	12
Are you currently pregnant? (n=807)		
Yes	209	25.9
No	591	73.2
I don't know	7	0.9
Was the pregnancy planned? (n=209)		
Yes, wanted know	139	66.5
Yes, but wanted later	29	13.9
No ,not wanted at all	6	2.9
No response	35	16.8

Current contraceptive use pattern of the study population

The current survey revealed that 123(20.6%) of the respondents were using contraceptive methods at time of survey. Among current users, 62.5 % and 37.4% were using for spacing and limiting respectively. The most commonly used methods were: 64.2 % Injectables, 21.1 % pills, 12.2 % Implant, and 2.4 % IUCD. Thirty eight percents (38.2%) and 26 % of respondents were using Injectable methods for spacing and limiting respectively. Only 4.9% of respondents were using Implants for limiting. (Figure-3)

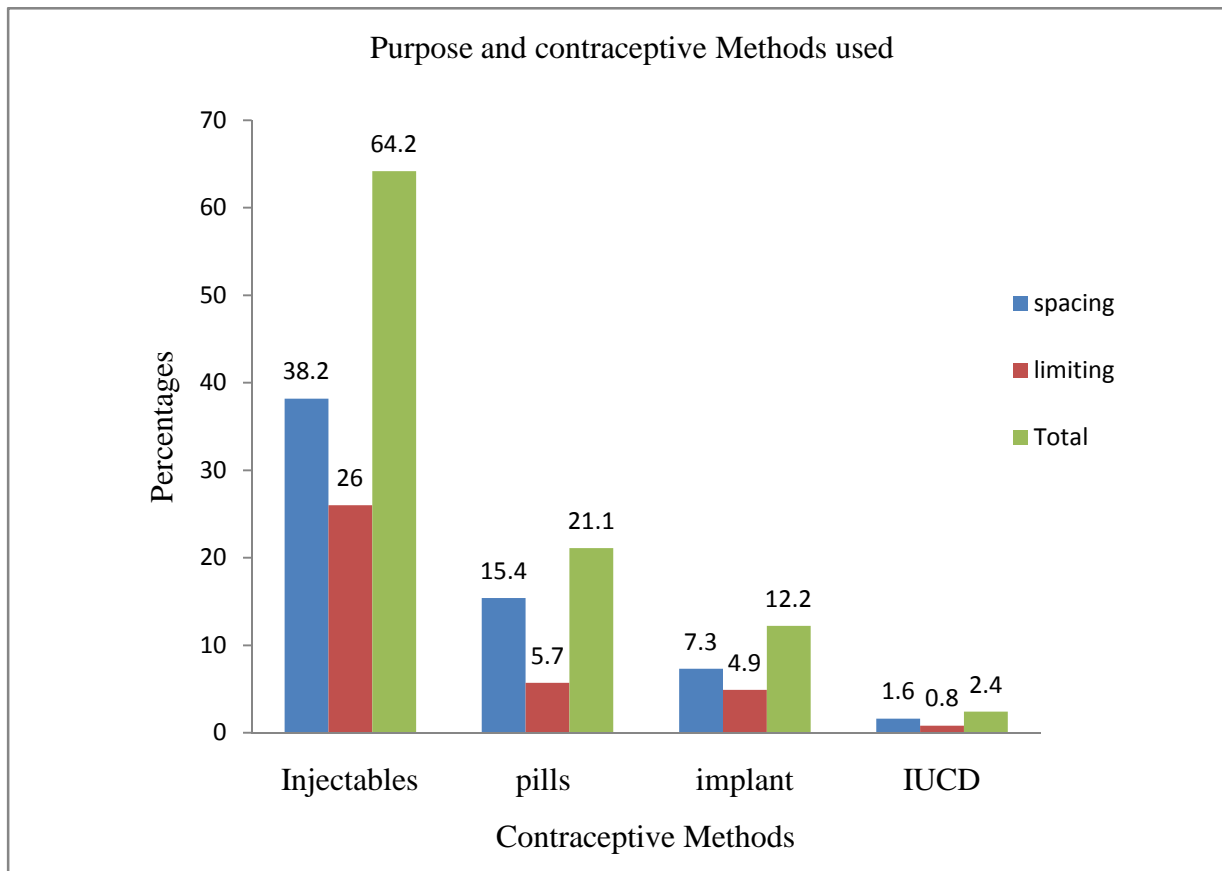


Figure: 3 purpose and contraceptive methods used among currently married women, Sudeworeda, Arsi zone, Oromia region, March 2010.

Unmet need for family planning among the study population

The unmet need for family planning was found to be 133 (16.5 %), out of which 69 (8.6 %) and 64 (7.9 %) were for spacing and limiting, respectively. Percentage of demand satisfied for family planning was 55.5 %. If all currently married women who said that they wanted to space and limit their children were to use family planning methods the contraceptive prevalence in area would increase from 20.6 to 37.1%. (Table- 3 and Figure.4)

Table: 3 unmet need, current use and total demand for family planning among currently married women in reproductive age group, Sude woreda, Arsi Zone, Oromia Region, March 2010

Variables	Frequency	Percent
Unmet need(n=807)		
Spacing	69	8.6
Limiting	64	7.9
Total	133	16.5
*Current use(n=598)		
Spacing	77	12.9
Limiting	46	7.7
Total	123	20.6
Total demand for contraception	256	37.1
Percentage of demand satisfied		55.5

*Current users are calculated by excluding pregnant women

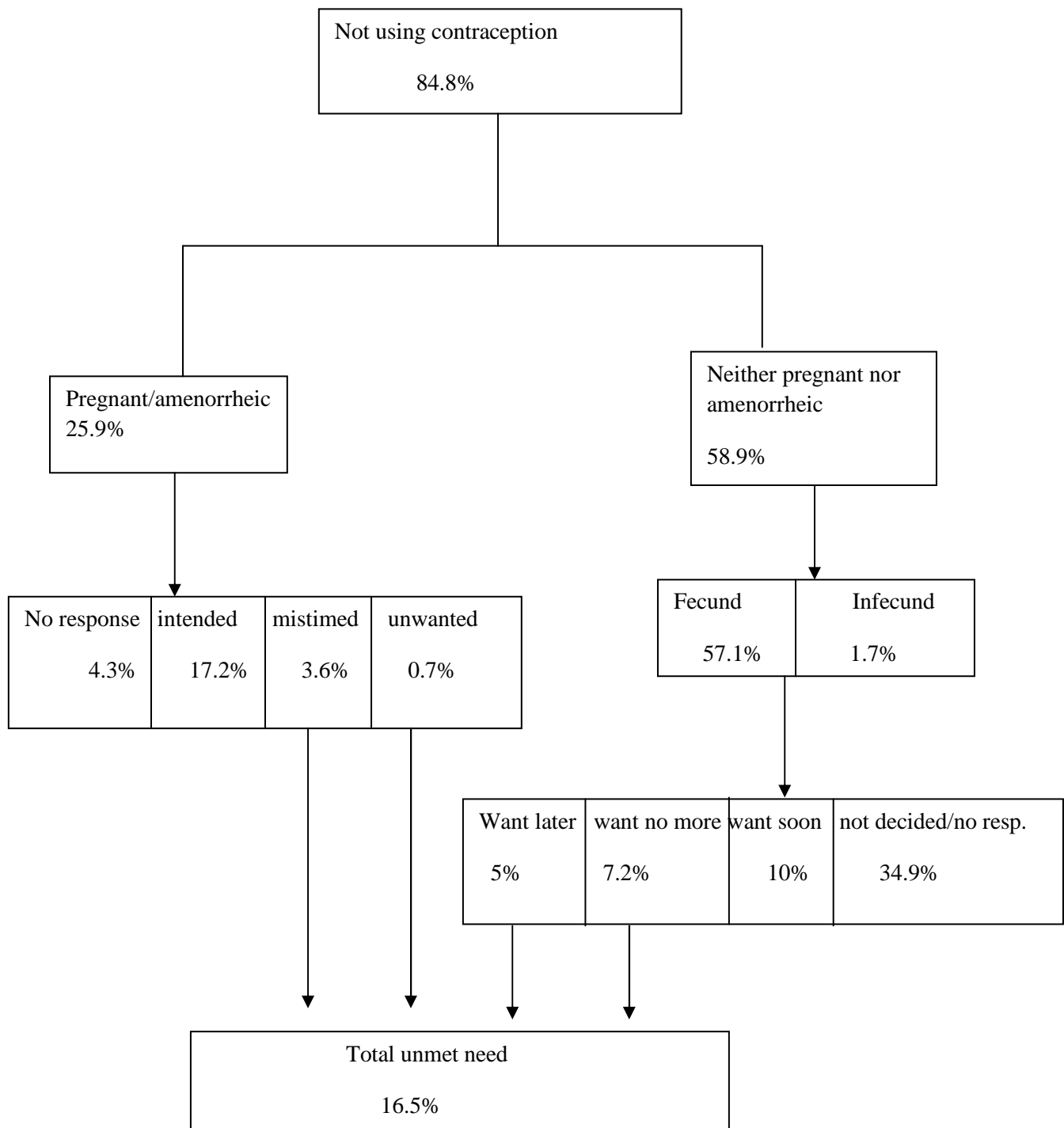


Figure: 4 Un met need for family planning among currently married women, Sude worda, Arsi zone, Oromia Region March 2010

Women aged 29 years or younger had unmet need of 38(28.6%), of which 27(20.3%) were for spacing. Seventy six (57.1%) of women aged 35 or older had unmet need for family planning, of which 48(36.1%) for limiting. Women aged between 30-34 years had 19 (14.3%) unmet need, of which 14 (10.5%) and 5 (3.8%) were for spacing and limiting respectively. Muslim religion followers had high unmet need 97(72.9 %) while orthodox religion followers had 36(27.1 %).women with the occupation of house wife had 132 (84.2 %) of unmet need followed by farmers 11(8.3 %) and 10 (7.5 %) merchants. Ninety nine (74.4 %) of illiterate respondents had unmet need, followed by those who attend formal education 24(18 %) and those who could read and write only, 10(7.5 %). (Table-4)

Table :4 Unmet need for spacing and limiting by selected socio demographic characteristics of women Sude worda, Arsi zone ,Oromia region ,March 2010, (n=133)

Characteristic	Spacing n (%)	Limiting n (%)	Total n (%)
Age(years)			
≤29	27(20.3)	11(8.3)	38(28.6)
30-34	14(10.5)	5(3.8)	19(14.3)
≥35	28(21)	48(36.1)	76(57.1)
Religion			
Muslim	49(36.8)	48(36.1)	97(72.9)
Orthodox	20(15.0)	16(12.0)	36(27.1)
Education			
Illiterate	47(35.3)	52(39.1)	99(74.4)
Write/read only	3(2.3)	7(5.3)	10(7.5)
Attend formal education	19(14.3)	5(3.8)	24(18)
Ethnicity			
Oromo	62(46.6)	60(45.1)	122(91.7)
Amhara	5(3.8)	4(3.0)	9(6.8)
Others	2(1.5)	0(0.0)	2(1.5)
Occupation			
House wife	56(42.1)	56(42.1)	112(84.2)
Farmer	6(4.5)	5(3.8)	11(8.3)
Others	7(5.3)	3(2.3)	10(7.5)

The study also examined reasons of unmet need for family planning. Most frequently mentioned reason for not using method were method related reasons 138 (103.8%) followed by fertility related reasons, 124 (93.2%). Lack of knowledge of source or method used was the least frequently mentioned reason 42 (31.6%). Among fertility related reasons the need to have more children 106 (79.7%) was the most frequently mentioned reasons, where as fear of side effect of contraceptive method used 100 (75.2 %) was most frequently mentioned method related reasons. (Table-5).

Table: 5 Reasons for not using Contraceptive methods among currently married women with unmet need ,Sude woreda, Arsi zone, Oromia region march 2010 (n=133)

Reasons	Frequency	Percent*
Method related reasons		
Health concern	13	9.8
Fear of side effect	100	75.2
Lack of access	14	10.5
Inconvenient to use	11	8.3
Fertility related reasons		
Want more children	106	79.7
Breast feeding	17	12.8
Post partum amenorrhea	1	0.8
Opposition to use		
Respondent opposed	57	42.9
Religion prohibition	30	22.6
Husband/Family/opposed	28	21.1
Lack of knowledge		
Don't know method	37	27.8
Don't know source	5	3.8

*Sum of percentages exceed 100% because of multiple response

One hundred forty two (17.6%) of women responded the number of children they exactly wanted to have through out their reproductive age numerically, where as, 412(51.1%) and 169(20.9%) responded as they didn't know number of children they exactly wanted to have and didn't respond to the question respectively. One hundred six (74.6%) and 36(25.4%) of women desired to have five or less and six or more children respectively. Ninety nine (69.7%) of women had five or less children where as, 43 (30.3%) had six or more number of children.(Table-6) The mean actual and desired number of children were 5.2 and 4.8 ,with Standard deviation of 2.7 and 1.8 ,respectively. Desired and actual number of children, a women had, were significantly correlated (p-value-0.01, correlation coefficient = 0.4).

Table -6 Relationship between the desired and actual number of children a women had, Sudeworeda, Arsi zone ,Oromia region ,March 2010 (n=142)

Desired number of children	Actual number of children		Total n (%)
	≤ 5 n(%)	≥ 6 n (%)	
≤ 5	88 (62)	18(12.7)	106(74.6)
≥ 6	11(7.7)	25(17.6)	36(25.4)
Total	99(69.7)	43(30.3)	142(100)

Relation ship between unmet need and selected variables

Variables like women’s age, educational status, religion, occupation, total birth, desired number of children, and age at first marriage were tested to see the association of each variable with unmet need for spacing and limiting. Bivariate analysis results indicate that only age of women, educational status, and total number of birth were found to be associated with unmet need for limiting. No tested variables were found to be associated with unmet for spacing during bivariate analysis. Variables which have association with unmet need for limiting during bivariate analysis were selected and adjusted for controlling confounders. Accordingly, women aged 35 years or older were significantly about 2.41 times more likely to have unmet need for limiting as compared to women aged 29 years or younger [AOR: 2.41, 95%CI (1.083, 5.368)] (Table-7).

Table-7 Adjusted effect of selected variables on unmet need for family planning Sude woreda, Arsi zone, Oromia region , March 2010

Variables	Unmet need for limiting			AOR(95%CI)
	Yes	NO	COR(95%CI)	
Age (years) (n=807)				
≤ 29	11	261	1.00	1.00
30-34	5	169	0.7(0.240,2.056)	0.56(0.180,1.723)
≥35	48	313	3.64(1.852,7.150)	2.41(1.083,5.368)
Total birth (n=727)				
≤5	22	393	1.00	1.00
≥6	41	271	2.7(1.574,4.641)	1.79(0.966,3.320)
Educational status (n=807)				
Illiterate	52	521	1.00	1.00
Read/write	7	73	0.96(0.421,2.195)	0.84(0.358,1.967)
Formal-Education	5	149	0.36(0.132,0.854)	0.44(0.170,1.145)

5.2. Qualitative study results

Focused group discussion

Focused groups discussions were carried out with married women with in their respective kebeles. Four Focused group discussion sessions were conducted, one discussion session from each kebeles. The number of participants in a group ranges from 8-11 and all were found with in reproductive age. Before starting the discussion the general objectives and importance of study was introduced, to facilitate free discussion and participation. All participants understood clearly the objectives of study and show willingness to participate. Based on semi-structured guides, that was prepared to guide the discussion, relevant information were gathered and summarized as follows.

Ideal family size

Participants mentioned that the best ideal family size one could have is 3-5 children. However, the participants said that, the desired number of children one could have depends on the economic situation of each family, as those who have enough land for plough and cattle could have many children.

Problems related to large family size

Common problems mentioned by participants were: food shortage, problems related to health of children, lack of education, poor caring of children (hygiene), shortage of land to plough and passing to children, and mothers could face problems during delivery and child growth. One participant strengthened this idea by saying; *“I know a family who have 10 children and face many problems, even they could not feed their children, they beg others for food..., the birth*

interval between consecutive children not exceed two years and even now she gives birth”

Methods of achieving desired family size

They also identified the means of achieving desired family size and minimizing problems related to large family size. Majority of participants said that using family planning methods is the means of achieving desired family size. But, one participant said that *“it is only God who can determine the number of children one could have and no means that people use to determine number of Children they want by them selves.”*

Situation of family planning in an area and reasons for not using

Considering the situation of family planning in their community almost all of participants agree that currently those women who want to take contraceptive methods can get easily from health post. They also speculated main reasons why women don't use contraceptive methods in their community. They said that: *“Using contraceptive method need good nutrition because it has side effect on health of mothers, so women who have poor nutrition do not use, using contraceptive make women infertile so women who want to have more children don't use method, unnecessary appointment by health extension workers, women fear her husband and no free discussion between husband and wife on issues”*. One participant strengthen the unnecessary appointment by health extension workers by saying that *“I went to health post to take contraceptive method and I didn't have bleeding (menstruation) during visit .., and she(Health extension worker) appoint me to return when I see menses , she didn't give me any method... unfortunately I became pregnant.”*

Key informant interview

An interview was done with health extension workers .One health extension worker from one kebeles was interviewed. A guideline was prepared to guide interview. The result was summarized as follows.

All health extension workers said that: *“the utilization of contraceptive methods in our kebeles shows improvement from time to time. Previously people didn’t understand the importance of methods and utilization was poor, but as a result of health education we provide, the awareness of community increase and their attitude changed”*.

Contraceptive methods that provided in all health posts were injectables, pills and condoms only. The observation was done to confirm the availability of methods. They also said the limited types of contraceptive methods in health post minimize the freely choice of methods clients need. According to the interviewees response the most commonly preferred contraceptive method by clients was injectables. They said that: *“most of the time clients get the method they prefer to use because methods are available sufficiently, even when they want to take methods which are not present at health post we refer them to woreda health centre.”*

According to information obtained from respondents, they provide family planning services at health post for two days per week. They provide health education especially during immunization session and home visit program. Unavailability of different contraceptive methods (e.g. nor plant) at health post was the problem they face during service provision.

6. Discussion

This community based survey uses information gathered from 807 currently married reproductive age women to estimate the magnitude and associated factors of unmet need for family planning for rural Sude woreda women.

Prevalence of Contraceptive use among currently married women in the study area, which was 20.6 %, is found to be higher than both national and oromia region according to the 2005 Ethiopian demographic and health survey report. The finding was also high as compared to finding from Enderta district which was 15.4 % (14). This could be due to implementation of health extension program, which could enable women to get contraceptive methods locally. This rationale could be strengthened by data obtained during qualitative study, which indicate contraceptive users in the area increase form time to time. Trends in current contraceptive use provide insight into one of the principal determinants of fertility and serve as a key measure for assessing the success of national family planning program efforts (15). The rate of increase in the percentage of currently married women aged 15-49 years currently using a modern contraceptive was more rapid in rural than urban areas (3). Permanent methods of family planning, as well as long acting methods would meet the need of individuals and couples who want no more children(16). But, thirty two (26%) and Seven (5.7%) of respondents were using injectable and pills for limiting birth respectively, while only 1(0.8%) of them use IUCD. This could be due to unavailability of permanent or long acting contraceptives at health post and due to distance; women may not take methods from other site (health center). As substantiated from qualitative study the contraceptives available at health posts were injectables, pills and condom.

This could affect the freely informed choice of methods by women and result in unmet need for family planning.

Unmet need at the study area (16.5%) was lower as compared to previous studies (3, 14, 17, 18). Trend analysis of Ethiopian demographic and health survey , on unmet need for family planning in Ethiopia, over the year of 2000 and 2005 indicate the decreased unmet need for family planning in most regions, but in oromia it increased from 36.4 % to 41.4% (15). The decreased level of unmet need in study area, as compared to prior studies, could be due to effort of government to provide services locally through health extension workers.

High Unmet need for family planning was found at both reproductive age extremities. Women aged 29 years or younger had high unmet need for spacing while those aged 35 years or older had high unmet need for limiting. Generally, as age increase unmet need for limiting increase while unmet need for spacing decrease. Women aged 35 or older are significantly more likely to have unmet need for limiting while no significant effect on spacing. This provides clue to address those potentially at risk group to develop unmet need for family planning and to design appropriate interventions depending on the need of client's. This finding is consistent with previous studies (3, 10, 17-22).

The mean actual and desired number of children among women who gave numeric response was found to be 5.2 and 4.8, respectively. Oromia finding, indicates about 4.2 desired and 6.2 actual numbers of children among all women (3). In comparison the current finding is higher than that of Oromia. The reason could be due to that the Oromia's finding shows the ideal desired number of children for all women, but the current study indicated for that of currently married women only. Women in the study area had an average of less than one (0.4) children more than their ideal

desired number of children. But, the findings showed that, women on average have 1.4 children more than their ideal desired number nationally, while about 1.9 more children in Oromia region (3). This implies that women start to show progress to meet their ideal and actual number of children they want to have. The other possible rationale could be due to that some women who fail to maintain balance between number of children they desired to have and current number of children, may report the current number of children as desired number of children. The analysis of correlation between the women's actual and desired number of children, also showed that positively correlated (spearman correlation coefficient = 0.4, p-value=0.01). This correlation is consistent with the finding from other studies (20, 21).

About twenty-six percents (25.9%) of women were found to be pregnant during the survey time. As compared to study done in Urban and periurban community of Hawassa, which was 13.9 % the current finding found to be higher (18). It is also much higher than the average pregnancy of national (8%) and Oromia (9%) (3). The difference could be due to, that pregnancy was assessed based on respondent's response, those women who were amenorrheic might have reported as they were pregnant during survey.

The main reasons for not using contraceptives among women with unmet need were: need to have more children (79.7%), fear of side effect (75.2%), respondent opposed (42.9%), know no method (27.8%), religion prohibition (22.6%) and least frequently cited reason was due to postpartum amenorrhea (0.8%). This is comparable with other studies (17, 23). The Focused Group Discussions also identified reasons for not using methods like; fear of side effect of contraceptive methods, need for good nutrition, fear of infertility, unreasonable appointment by health extension workers, fear of husband, and absence of free discussion between husband and wife.

7. Strength and limitation of study

Strength

- Because , there was no similar studies done at this area previously, the findings of this study will contribute more for the improvement of family planning services

Limitation

- Involving only married women to assess the unmet need and associated factors could obscure many associated factors
- Non-numeric responses to variables assumed to be associated to unmet need affect the analysis
- Information bias (recall bias) could be occurred to questions that need previous events like age at first marriage and pregnancy, desired number of children

8. Conclusion

- Generally, the current study indicates that the contraceptive prevalence among currently married reproductive age women was higher than that of national and oromia. But, high proportion of women who want to use methods for limiting birth, were found to be using injectables and pills, due to unavailability of long term and permanent methods of contraceptives.
- Unmet need for family planning found to be 16.5%, of which 8.6 % and 7.9 % were for spacing and limiting. Unmet need for family planning was found to be higher among women aged 29 years or younger and those aged 35 years and older.
- Religion, educational status, occupation, total birth, age at first marriage, and desired number of children were found to be unassociated with unmet need for family planning. Only age was found to be significantly associated with unmet need for limiting.

9. Recommendation

- Policy makers/FMOH , should design appropriate strategies and policy and give due attention , on how to increase the prevalence of permanent family planning, including availability of methods and training of those working at lower level health care system
- Woreda health office, should avail different contraceptive methods for health posts as this could enable users to select the methods they need
- For health extension workers, Advocacy and creating awareness about different family planning methods and their side effects should be strengthened ,as this could minimize misperceptions about contraceptive methods
- For researchers, studies on unmet need for family planning should involve both male and women , as well as different segments of population

10. References

1. John Hopkins University of public health: Concept and measurement of unmet need 1996.
2. Ethiopian population Linkage between population and economy November 5th 2007.
3. Central Stastical agency. Ethiopian Demographic and health survey 2005.
4. World Health Organization, United Nation Fund for population Activities. Maternal Mortality Geneva 2000
5. Solomon .W, Mesganaw. F. Unintended pregnancy and induced abortion in a town With accessible family planning services: the case of Harar in Eastern Ethiopia.Ethiop J Health Dev 2006; 20(2):81-2.
6. RANDA.Unmet needs for contraception in developing country, policy Brief 1998.
7. Bhandri GP, premarajan kc, JhaN, yadav BK. Prevalence and determinants of unmet Need for family planning in a district eastern region of Nepal. Kathmandu Univ Med J (KUMJ) 2006;4(2):203-10.
8. Perspectives on unmet need for family planning in West Africa: Benin. Repositioning Family Planning in west Africa USAID; Ghana February 15-18, 2005
9. Ahmadi.A, Iranmahboob.J. Unmet need for family planning in Iran.IUSSP International Population conference tours, France 2005.
10. Dibaba.Y. Factors influencng women's intention to limit child bearing in oromia, Ethiopia Ethiop J Health Dev2008; 22(3):28-33.
11. A.H. Ibnouf, HWA, J.A.M., Marse. Utilization of family planning services by Married Sudanese women of reproductive age Eastern Mediterranean Health Journal 2007; 13(6): 9-10.

12. Agha sy, Rasheed. Family planning and unmet need among Iraqi Kurds, Eastern Mediterranean Health Journal 2007; 13(6):1382-91.
13. Federal Democratic Republic of Ethiopia Population Census Commission: Summary and stastical report of the 2007 population and housing census. December 2008, Addis Ababa.
14. Ruth G. Magnitude and determinants of unmet need and barriers of family planning Among wives, husbands and couples in Enderta District, Tigray Region, Ethiopia [MPH Thesis]: Addis Ababa; 2006.
15. Central, Stastical, agency, Macro O, Calverton M, USA. Trend analysis of Ethiopian Demographic and Health Survey 200-2005:39.
16. Family Health International. Long-acting and Permanent Method: Addressing unmet Need for family planning in Africa. [Cited 2010 18/06]; Available from: <http://www.popcouncil.net> PDF.
17. Tekabe A, Amare D, Yared M. Unmet need and Demand for family planning in Addis Ababa. Ethiop J Health Dev April, 1995; 9(1): 41- 5.
18. Sita S. Assessment of magnitude and determinants of unmet need for family planning Among currently married women in urban and periurban community of Hawassa south Ethiopia [MPH thesis]: Addis Ababa University; 2003.
19. Unmet need and demand for family planning in Uganda, further analysis of the Uganda demographic and health survey.1993-2006 [cited 2010 June 18]; Available From: <http://www.measuerdhs.com>.PDF
20. A.J.Claudio.Jeke. Fertility preference and unmet need for family planning [Cited 2010 March 20]; Available from: <Http://www.nso.malawi.net>.

21. Sophie, kang'oma. Fertility preference and unmet need for family planning [cited2010 June16]; Available from: <http://www.measuredhs.com>.
22. Radha Devi D, Rastogi SR, D.Retherford R. Unmet need for family planning in Uttar May, 1996 [cited2010June16]; Available from: <http://www.eastwestcenter.org>.PDF.
23. Kaba. M. Fertility regulation among women in rural community around Jimma, Western Ethiopia. *Ethiop J Health Dev* August 2000; 14(2)

Annex -1 Questionnaire English version

Study information sheet and consent form

Good morning/ afternoon; My Name is _____ I am a grade 12 student. I am selected to collect data for Wubishet Kebede that he will use for MPH thesis. I would like to inform you that you and I would have a short discussion concerning this study

Title of study: Assessing the magnitude and associated factors of unmet need for Family planning, among married women of rural Arsi Zone, Oromia region.

Ethiopia is characterized by rapidly growing population size. The country has also high unmet need for family planning about 34%, of which 41.4% is in Oromia. Women who prefer to space or limit the birth but not use any contraceptive method are considered to have unmet need for Family Planning. The objective of this study is to assess the situation of family planning among married women of rural Arsi zone. The main reason for this study is that the studies done before on the subject were at certain urban areas and no studies done before at rural areas. The other reason is the dramatically increasing population size over the last decades which need urgent intervention. Oromia is the region characterized by high population number and unmet need for family planning. So, the findings of this study will benefit both family planning service planners and policy makers. The understanding of the level and determinants of unmet need for family planning in an area will enable family planning programmers to design specific and appropriate interventions to solve the problems and increase contraceptive users. Since the participants for this study are selected at every fixed number of households, you are also selected as a participant for this study. Information which is necessary for this study will be taken from you. Because, the study will be conducted by taking appropriate information from you by using questionnaire it

will not inflict any harm on you and the information will be taken only when you give permission, participation is totally voluntary. You will not face any problems if you don't voluntary to participate in study and you have full right to with draw from study at any stage of the interview, and also you have the right to refuse to any questions that you don't want. Similarly you will not get any incentive for agreeing to participate in the study. Your name or any other identifying information will not be recorded on the questionnaire and all information taken from you will be kept strictly confidential and it will only be used for the study purpose. If you are voluntary to provide necessary information, for the questions Iam going to ask you, it will last a maximum of 45minutes. Do you have any question?

For any complaint or un clarity you can contact the principal investigator by using the following address:

- Addis Ababa University
- Wubishet Kebede
- Tel. Mobile: 0912034307
- Email: wubkeb2009@gmail.com

Consent form

Are you willing to participate as an interviewee?

Yes_____ No_____ [Indicate by ticking on the appropriate response]

I, the selected interviewee, heard and clearly understand all the information provided to me. I am willing to participate as an interviewee, as far as the purpose of study is to understand the situation of family planning in our kebeles and don't have any negative effect on me. The study will last for the maximum of 45 minutes and I do not get any incentive for participating as an interviewee. My right to withdraw from study at any time, not to respond to questions that I do not want and the confidentiality of all information taken from me is respected and used only for the study purpose.

I certify that I have taken verbal consent from the respondent that she has agreed to participate in the study and I have confirmed the agreement is correct by my signature.

Name of interviewer _____ signature_____ date: ____ / ____ /2010

Target subjects: married woman of the age between 15-49 years old in household.

Instructions for interviewer

- Introduce yourself and read all the information given on the information sheet and consent form for the interviewee prior to interviewing
- After the interviewee understands and shows willingness to participate, take the consent to confirm the voluntary participation and to respect the right of respondents

- Read the questions for interviewee and circle the response in the choice part, write on space provide if needed.

Interviewer identification

Name of woreda : _____ name of Keble:_____

Date of interview: first visit

second visit

Date: ___/___/2002

___/___/ 2002

Starting time:

		:		
--	--	---	--	--

		:		
--	--	---	--	--

Ending time:

		:		
--	--	---	--	--

		:		
--	--	---	--	--

Result: 1.completed 2. Partially completed 3. Not completed

Name and signature of interviewer: _____

Name and signature of supervisor:_____

Part- I: Demographics and socio-economic characteristics

Question no.	Questions	Responses
101	How old are you?	1. _____ years
102	Religion	<ol style="list-style-type: none"> 1. Muslim 2. Orthodox 3. Protestant 4. Catholic 5. Others(specify)_____
103	Ethnicity	<ol style="list-style-type: none"> 1. Oromo 2. Amhara 3. Tigree 4. Gurage 5. Others (specify)-----
104	Educational status	<ol style="list-style-type: none"> 1. Unable to read and write 2. Able to read and write but, not formal education 3. Grade 1-4 4. Grade 5-8 5. Grade 9-10 6. Grade 11-12 7. College or university
105	Occupation	<ol style="list-style-type: none"> 1. House wife 2. Farmer 3. Merchant 4. Government employee 5. Student 6. Others(specify)-----
106	Monthly Income	<ol style="list-style-type: none"> 1. _____ birr per month 2. I don't know 3. No response
107	If you compare your monthly income with your neighbour where do you put your economic status?	<ol style="list-style-type: none"> 1. Very poor 2. Poor 3. Medium 4. Reach 5. No response

Part – II: reproductive health history

Question no.	Questions	Response	Skip to question
201	At what age did you first married?	1. _____ age of years 2. I do not remember 3. No response	
202	Have you ever been pregnant?	1. Yes 2. No ----- 3. I don't remember ----- 4. No response -----	209 204 204
203	If answer to question no. 202 is yes, how old were you when you first got pregnant?	1. _____ year 2. I don't remember 3. No response	
204	Now I would like to ask you about all the births you have had during your life. Have you ever given birth?	1. yes 2. No----- 3. no response -----	209 210
205	How old were you when you born your first child?	1. _____ years 2. I don't remember 3. No response	
206	How many births have you had during your life time?	Enter total number:---- <input type="text"/> 1. Sons :----- <input type="text"/> 2. Daughters --- <input type="text"/> 3. I don't know 4. No response	

207 a)	Some times it happens that children die. It may be painful to talk about and I am sorry to ask you about painful memories, but it is important to get correct information. Have you ever given birth to a boy or girl who was born alive but later died?	1. Yes 2. No ----- 3. No response -----	208 208
b)	How many sons and daughters have died?	Enter number 1. Sons ----- <input type="text"/> 2. Daughter -- <input type="text"/> 3. Total ----- <input type="text"/>	

Quest ion no.	Question	Response	Skip to
208	If you could go back to the time you don't have children and could choose exactly the number of children to have in your life, how many children could that be?	1. Enter no.---- <input type="text"/> 2. I don't know 3. No response	
209	How many children would you like to have in your life? (for those who don't have children)	1. Enter no.--- <input type="text"/> 2. not yet decided 3.no response	
210	Are you currently pregnant?	1.yes 2. no----- 3.iam not sure ----- 4.no response-----	212 212 212
211	If answer to question no.210 is yes, is the pregnancy-----?	1. Wanted now----- 2. Wanted later----- 3. Not wanted at all----- 4. No response-----	213 213 213 213

212	Did you give birth within last six months?	1. Yes----- 2. No ----- 3. No response	215 222
213	Time since previous birth (for those currently pregnant or give birth since 6 month)?	1. _____ months 2. I don't remember 3. no response	
214	After the child you are expecting now, would you like to have another child or not to have any more children? (for pregnant women)	1. Have a child----- 2. Have no more children----- 3. Not yet decided----- 4. No response -----	216 218 218 218
215	After the birth that occurred with in the last six months, would you like to have another child or not to have any more children?(for women that gave birth with in the last six months)	1. Have a child----- 2. Have no more children----- 3. Not yet decided----- 4. No response-----	217 219 219 219

Quest ion no.	Questions	Response	Skip to
216	If the answer to question no.214 is choice 1. (Preferred to have another child) how long would you like to wait before the birth of another child?	1. ≤ 2years 2. > 2 years ----- 3. Not yet decided----- 4. No response -----	218 218 218
217	If the answer to question no.215 is choice 1, preferred to have another child) how long would you like to wait before the birth of another child?	1. ≤ 2years 2. > 2 years ----- 3. Not yet decided----- 4. No response-----	219 219 219
218	With in a year after the birth of the child you are expecting now ,will you use modern contraception?(for pregnant women)	1. Yes----- 2. No----- 3. Not sure yet decided 4. No response	220 227
219	Do use modern family planning (for women who gave birth with in the last six months)	1. Yes----- 2. No----- 3. No response	221 227

220	If the answer to question.no.218 is yes, would you like to use the method for limiting or for spacing?	1. For spacing----- 228 2. For limiting ----- 228 3. I don't know----- 228 4. No response----- 228
221	If the answer to question no.219 is yes, for what purpose do you use the method?	1. For spacing----- 228 2. For limiting ----- 228 3. I don't know----- 228 4. No response----- 228
222	If you are not currently pregnant or didn't give birth since six months or unwilling to respond if you are currently pregnant or gave birth with in the last six months, would you like to have another child or not to have any more children?	1. Have another child----- 225 2. No more children ----- 226 3. Not yet decided----- 226 4. No response----- 226

If the response to question no.211 is either 2 or 3 , otherwise → 225		
↓		
223	Do you ever use any modern contraceptive methods to prevent this unintended pregnancy?	1. Yes 2. No 3. No response
224	If the response to question no. 223 is No what were the reasons for not using the methods? Don't read circle all	Fertility related reasons 1. Infrequent sex 2. Menopausal /hysterectomy 3. Infertile 4. Postpartum amenorrhea 5. Breast feeding 6. Want more children Lack of knowledge 7. Know no method 8. Know no source Opposition to use 9. Respondent opposed 10. Husband /family opposition

		11. Religion prohibition 12. Others opposed Method related reasons 13. Health concern 14. Fear of side effect 15. Lack of access /too far or not available 16. Cost too much 17. In convenient to use Others (specify)_____ Don't know	
--	--	--	--

Question no.	Question	Response	Skip to
225	If the answer to question no.222 is choice 1. How long would you like to wait from now before the birth of another child?	1. ≤ 2years 2. > 2 years ----- 3. Not yet decide ----- 4. No response -----	 226 226 226
226	Do you use modern contraceptive?	1. Yes----- 2. No----- 3. Not yet decided 4. No response	228 227
227	If you are not going to use modern contraceptives, would you tell me the main reason? Do not read Circle all possible response	A). Fertility related reasons 1. Not having sex 2. Infrequent sex 3. Menopausal /hysterectomy 4. Infertile 5. Postpartum amenorrhea 6. Breast feeding 7. Want more children B).Lack of knowledge 8. Know no method 9. Know no source C).Opposition to use 10. Respondent opposed 11. Husband /family opposition 12. Religion prohibition 13. Others opposed D).Method related reasons 14. Health concern 15. Fear of side effect	

		16. Lack of access /too far or not available 17. Cost too much 18. In convenient to use E).Others (specify)_____ F).Don't know G).No response	
228	Which methods do you/would you like to /use? Don't read, Circle all mentioned responses	1. Pills 2. Implant /norplant 3. Injectables 4. IUCD 5. Condom 6. Others(specify)_____	

Annex-2 Questionnaire Afaan Oromo version

YUUNIVERSITII FINFIINNEE, FAAKALTII MEDIISIINII,

DAMEE BARNOOTA FAYYAA HAWASAA

Gaffiilee wa'ee qussanaa maatii irratti baay'inaa haadhoolii qussanno maati hinfayadamnee fi sabbabootaa issaan ittti hin faayadamneef baaruuf kan qophaa'ee.

SEENSA

Maqaan koo _____jedhaama. Obboo Wubisheet kabbadaa Universitii finifinne irraa digrii lamaafaa eguumsa fayyaa hawasaa irratti hojjeeta kan jiruu yoo ta'u, Yeroo amma kana wa'ee karoora maattii illaalchisee qoraanno addeemsiisa jira. Ani immoo kanaan dhufeef oddeefannoo qoorannoo kanaaf barbaachisuu fuunanudhaaf. Kanaafuu kaayoon qayyabanna kanaa ummata naanno kanaatiif akkasuumas ummata iddoo gara biraa jiraataniif qusaanna maatii illaalchisee sagantaa sirrii saganteefachuuf warra eggumsa fayyaa irraa hojjjetan ni gargaara. Namoota odeeffannoo kana nu keenan caaradhaan waan filaaneef issiin akkaa caara ta'ee fiilatamtaniruu. Yeroo fetaanittis gaafiichaa hin deebisu jechuu ni dandeesu. Garuu obsaan deebii hundaa osoo deebistanii baay'ee gaariidha. Iccitiin odeeffanno issiin naaf keenitani guutuman guututii kan egaameedha. Maqaa keesanis ta'ee wa'ee keessaan kan ibsuu tokkoyuu hin baara'u. Kanaafuu akka gaafii fi deebii kana irratti hirmaattaniif fedhii keessaan isiin gafadha. Yoo naa hayaamtan gaaffiin koo daqiiqaa 25 qofa fuudhata.

Gaaffii fi deebii kana irratti hirmaachuuf feedhii qabduu?

1. Eeyyee _____ → [gaafii ittii fuufii]
2. Hinqabu _____ → [gaafii dhaabii garaa mana ittii annutti daarbii]

Interviewer identification

Aanaa : _____ ganda : _____

Guuyyaa ode.fuunanamee:

guuyyaa duraa

guuyyaa lammafaa

Guuyyaa : ___ / ___ / 2002

___ / ___ / 2002

Yeroo jalqabamee:

--	--	--	--	--

 :

--	--	--	--	--

 :

Yeroo xumramee:

--	--	--	--	--

 :

--	--	--	--	--

 :

Maqaa fi mallaatoo nama odeeffannoo guuree _____

Oddeeffannoo guuramnee : 1. guuttudha 2. Hangaa tokko guuttudha 3. Hin xummuramnee

Part – I demographic and socio- economic characteristics

Lack. gaafii	Gaafii	Deebii
101	Umriin keessaan meeqa?	1. Waggaa _____
102	Amaantiin keessaan/kee maalii?	1. Musliima 2. Ortodooksii 3. Proteestantii 4. Kan biraa(ibsii)_____
103	Sabnii kee maalii?	1. Oroomo 2. Amaaraa 3. Tigree 4. Guraage 5.kan biraa(ibsii)_____
104	Saadarkaa baruumsaa keessaani/keeti natii himuu dandeesu/saa?	1. Dubiisu fi bareesuu hin danda'u 2. Dubiisuu fi bareesuu ni dandaa'a garuu mana barumsaa hingalee 3. Kutaa 1-4 4. Kutaa 5-8 5. Kutaa 9- 10 6. Kutaa 11-12 7. Koolejii ykn yuuniversiiti
105	Hoojiin kee/keessaan maalii?	1. Haadha mana(haadha waara) 2. Qootee bullaa 3. Daldaaltuu 4. Hojeetuu mootumaa 5. Baraatuu 6. Kan biraa(ibsii) _____
106	Gaalliin ji'aa kee/keessaan meeqa?	1. _____ biiriidhan ji'aati 2. Hin beeku 3. Deebii hinkeenu
107	Gaallii kee/keessan kan ji'aa olaa kee wajjiin yoo wal biraa qabduu maal fakkata?	1. Baay'ee xiiqqaa dha 2. Xiiqqaa dha 3. Gidu galeesaa 4. Ol'aana dha 5. Deebii hinkeen

Part-II Gaafilee wa'ee fayyaa walhormaataa ilaalchisee

Lakk.	Gaafii	Deebii	Darbi i
201	Yeroo dura heerumtu umriin kee/keessan waggaa meeqa?	1. Waggaa_____	
		2. Hin yaadadhuu	
		3. Deebii hinkeenu	
202	Umrii kee keessatii ulfoofttee beektaa?	1. Eeyeen	209
		2. Mittii -----	204
		3. Hin yaadadhuu-----	204
		4. Deebii hinkeenu-----	204
203	Deebiin gaafii lakk. 202 eeyeen yoo ta'ee yeroo dura ulfoofttee sanaa umriin kee meeqa?	1. Waggaa_____	
		2. Hinyaadadhuu	
		3. Deebii hin keenu	
204	Ammaa immoo wa'ee daa'imman/ijoolee hangaa ammaa deeseen sii gafaadha. Garuu hangaa ammaa deesee beektaa?	1. Eeye	209
		2. Mitii-----	210
		3. Deebii hin keenu-----	
205	Yeroo daa'ima kee duraa deesee umriin kee meeqa ni ta'a?	1. Waggaa_____	
		2. Hin yaadadhuu	
		3. Deebii hinkeenu	
206	Umrii kee guuttu daa'ima meeqa deesse?	Lakk.bareesii Waliigalaati----- <input type="text"/>	
		1. Dhiira ----- <input type="text"/>	
		2. Duubartii----- <input type="text"/>	
		3. Deebii hin keenu <input type="text"/>	
207.a)	Yeroo tokko tokko nama mudaachuu danda'a.da'imnii dahaan nama jalaa deebi'u dandeesii kun hojii rabiiti homma gochuu hindanda'amu.iffaama wa'ee darbee issiiniti kaasuu kootiif, garuu oddefannoo sirii ta'e argaachuf jechaan issiin gafaadhee. Hangaa honaa da'imnii deessani issin jala deebite jirtii?	1. Eeye -----	208
		2. Mitii /hinjiruu	
		3. Deebii hin keenu	

b)	Daa'ima dhiraa fi dhalaa meeqatu sii jalaa du'ee?	Lakk.bareessi 1.dhiraa----- <input type="text"/> 2. dhalaa ----- <input type="text"/> 3.waliigalaatii----- <input type="text"/>	
208	Yeroo ijoollee hommaa hinqabnee(hindeenyee) san gara fulduraatii ijoollee meeqa qabaachuu (dahuu) akka barbaadu karoorfatee turte?[waraa ijoollee qaban gaafadhu.]	1. Lakk.bareessii ----- <input type="text"/> 2. Hinbeeku 3. Deebii hinkeenu	
209	Waluumaa galaatii ijoollee meeqa qabaachuu barbaada? [waraa ijoollee hinqabnee gafaadhu]	1. Lakk.bareessii ----- <input type="text"/> 2. Hangaa hoona hinmurteesine 3. Deebii hinkeenu	
210	Yeroo amma kana ulfaa?	1. Eeyeen 2. Miiti----- 3. Hinbeeku----- 4. Deebii hinkeenu-----	212 212 212
211	Deebiin gaafii lakk.210 yoo eye ta'e,ulfii kun____?	1.ammatii barbaadama dha----- 2. yeroo murta'eef turun barbaadaa turee----- 3.goonkumaa hin barbaaduun tureeyu ----- 4.deebii hinkeenu-----	213 213 213 213
212	Ji'oota jahan darbee keessa deesse turtee?	1. Eeyeen----- 2. Mitii----- 3. Deebii hin keenu	215 222
213	Da'imma kee dhumma egaa deesse hangaa ammatii ji'a meeqa ni ta'a?	1. Ji'a _____ [ji'a 1 bareessii,yoo guyyaa 30 gadii ta'e] 2. Hin yaadadhuu 3. Deebii hin keenu	

Lakk.	Gaafi	Deebii	Darbii
214	Egaa deesse booda of fulduuraatii ulfaa'uf,yeroo murtaayeeff turuuf ykn kanaan alatii daa'ima dabalachuuf ni barbaada?[waraa ulfaa gafaadhu]	<ol style="list-style-type: none"> 1. Da'imma dabalataa dahuun barbaada- 2. Ijoollee dabalataa dahuu hinbarbaadu- 3. Hommaa hangaa hoona hin murteessiine----- 4. Deebii hinkeenu ----- 	<p>216 218</p> <p>218</p> <p>218</p>
215	Daa'imma ji'a jahan darbee keessa deessee allatii , garaa fulduuratii da'immaa biraa dahuu barbaada,moo hinbarbaadu?[warraa ji'a jahan darbee keessa dahaan gafaadhu]	<ol style="list-style-type: none"> 1. Da'imma dabalataa dahuun barbaada- 2. Ijoollee dabalataa dahuu hinbarbaadu- 3. Hommaa hangaa hoona hin murteessine----- 4. Deebii hinkeenu----- 	<p>217 219</p> <p>219</p> <p>219</p>
216	Yoo deebiin gafii lakk.214 filannoo 1. [daa'immaa dabalaata dahuuf feedhii yoo qabaatee] daa'imma dabalataa(biroo) osso hindahiin hangaa yoomii turuu barbaada?	<ol style="list-style-type: none"> 1. waggaa lamaa gadii (≤ 2 yrs) 2. waggaa lamaa ol (≥ 2 yrs) ----- 3. Hangaa hoona hinmurteessine----- 4. Deebii hinqabu----- 	<p>219</p> <p>219</p> <p>219</p>
217	Yoo deebiin gafii lakk.215 filannoo 1. [daa'immaa dabalaata dahuuf feedhii yoo qabaatee] daa'imma dabalataa(biroo) osso hindahiin hangaa yoomii turuu barbaada?	<ol style="list-style-type: none"> 1. waggaa lamaa gadii (≤ 2 yrs) 2. waggaa lamaa ol (≥ 2 yrs) ----- 3. Hangaa hoona hinmurteessine----- 4. Deebii hinqabu----- 	<p>219</p> <p>219</p> <p>219</p>
218	Yeroo amma kana attii ulfaa. Eggaa deesse booda waggaa tokkoo keessatii karoora (mala quusaana maatii) maatii tii fayyadamuu ni barbaada?	<ol style="list-style-type: none"> 1. Eeyeen----- 2. Miiti----- 3. Murteesu hindana'u(nanshakka) 4. Deebii hinkeenu 	<p>220</p> <p>227</p>

Lakk.	Gaafii	Deebii	Darbi
219	Ergaa daa'immaa dhuuma kana deessee jalqaabee waggaa tokko keessatii karoora mattiiti fayyaadamu ni barbaada? [warraa ji'oota jahaan darbee keessa dahaan gafaadhu]	<ol style="list-style-type: none"> 1. Eyeen----- 2. Mittii----- 3. Hangaa ammatii hin murteessine 4. Deebii hin keenu 	<p>221</p> <p>227</p>
220	Yoo deebiin gaaffii lakk.218 eyeen ta'ee maala karoora maattii kana kan fayyadaamtu yeroo murtaa'eef ossoo hinulfa'iin turuuf moo gutuuman guttutii dhaalu (daahu) waan hinbarbaaneef?	<ol style="list-style-type: none"> 1. Yeroo murtaayef turuuf----- 2. Guutumman guttutii dhalaa dhabbuuf- 3. Sabaaban fayyadamuf Hinmurteessine ----- 4. Deebii hinkeenu----- 	<p>228</p> <p>228</p> <p>228</p> <p>228</p>
221	Yoo deebiin gaaffii lakk.219 eyeen ta'ee maala karoora maattii kana kan fayyadaamtu yeroo murtaa'eef ossoo hinulfa'iin turuuf moo gutuuman guttutii dhaalu (daahu) waan hinbarbaaneef?	<ol style="list-style-type: none"> 1. Yeroo murtaayef turuuf----- 2. Guutumman guttutii dhalaa dhabbuuf- 3. Sabaaban fayyadamuf Hinmurteessine ----- 4. Deebii hinkeenu----- 	<p>228</p> <p>228</p> <p>228</p> <p>228</p>

Lakk.	Gaafii	Deebii	Daarbii
222	Yeroo ammaa kana ulfaa yoo hintaane ykn ji'oota jahaan darbee keessaa yoo hin dhaalee(hindenyee)taa'e ykn ulfaa qabaachuu kees ta'ee ji'oota jahaan darbee keessaa daahuu kee himmuuf feedhii hinqabduu ta'ee garaa fulduraatii ijoollee biraa dahuu barbaada moo hin barbaadu?	<ol style="list-style-type: none"> 1. Ijoollee dabalaata qabaachuu (dahuun) barbaada 2. Ijoollee hommaa hin barbaadu-- 3. Hangaa ammaa hinmurteessiine ----- 4. Deebii hinkeenu----- 	 225 226 226

Yoo deebiin gaafii lakkoofsaa 211 , 2 ykn 3 ta'ee , yoo hintaane → 225			
↓			
223	Ulfaa barbaachiisa hin taane kana hambiisuuf mala karoora maatiitii fayaadamtee beektaa/jirtaa?	<ol style="list-style-type: none"> 1. Eeyeen 2. Mitii(hinbeeku) 3. Deebii hin keenu 	

224	Deebiin gafii lakk. 223 mitii(hin beeku) yoo ta'ee sababootaa tokko tokkoo natii himuu dandeesa? [Hindubiisiniif ,deebii ishiin deebistu hundaatu maarii]	A). Sababoota walhormaatan walqabataan 1. Yeroo hundaa walqunamtii salaa waan hingoneef 2. Sabaaba umrii/gadaamessii koo waan opeerrationidhan baheef 3. Dhaalu/dahuu waan hindandenyeeff 4. Guyyaa 45 kana keessa waan daheef 5. Waan harmaa hoosisuf 6. Daa'imma dabalaata waan barbaaduf B). Beekumsaan kan walqabaatee 7. Mala karoora maatii waan hinbeeknef 8. Karoora maatii essaa akka argaadhu waan hinbeeknef C). Dhoorkaa 9. Waan fayyaadamu hin barbaaneef 10. Abbaa warraa/ mattiin koo waan naaf hinhayyaamneef 11. Ammaantiin koo hin hayyaamu D). Saboota karoora matiitiin walqabaatan 12. Sababaa fayyaatiin walqabamaan 13. Midhaa natii fidaa jedhee waan soodadheef 14. Argachuuf rakiisaa ykn idoon ittii argaamu fagoo ykn gonkumaa waan hinargamneef 15. Gattiin issaa guddaa waan ta,eef 16. Ittii fayyaadamuf natii hin toluu E). Kan biraa yoo jiraate bareessii _____ F). Sabaaba issaa hin beeku G).Deebii hin keenu	
225	Yoo deebiin gaafii lakk.222 filaanoo 1 ta'ee [daa'imma dabalaata argaachuuf feedhii yoo qabaate] . daa'imma ittii annu dahuuf/ ulfaa'uf haggaa waggaa meeqa turu barbaada?	1. waggaa lamaa gadii (≤ 2 yrs) 2. waggaa lamaa ol (>2 yrs) ----- 3. Hangaa hoona hinmurteessine----- 4. Deebii hinqabu-----	226 226 226
226	Garaa fulduuratii ,jechuun ammara eggaale ji'oota 12 keessatii karoora mattitii faayadamuuf karoora qabdaa?	1. Eyeen----- 2. Miittii/ hin faayadamu /----- 3. Hangaa hoona hinmurteessine 4. Deebii hin keenu	228 227

227	<p>Garaa fuldurattii karoora mattitii faayyadaamuu yoo hin barbaadnee ta'ee sabaaboota tokko tokko nattiii himuu dandeesuu? [Hin duubissiniif, deebii ishiin kennitee hundaatuu marrii]</p>	<p>A). Sababoota walhormaatan walqabataan</p> <ol style="list-style-type: none"> 1. Walqunaamtii salaa waan hin goneef 2. Yeroo hundaa walqunamtii salaa waan hingoneef 3. Sabaaba umrii/gadaamessii koo waan opeerrationidhan baheef 4. Dhaalu/dahuu waan hindandenyeeff 5. Guyyaa 45 kana keessa waan daheef 6. Waan harmaa hoosisuf 7. Daa'imma dabalaata waan barbaaduf <p>B). Beekumsaan kan walqabaatee</p> <ol style="list-style-type: none"> 8. Mala karoora maatii waan hinbeeknef 9. Karoora maatii essaa akka argaadhu waan hinbeeknef <p>C). Dhoorkaa</p> <ol style="list-style-type: none"> 10. Waan fayyaadamu hin barbaaneef 11. Abbaa warraa/ mattiin koo waan naaf hinhayyaamneef 12. Ammaantiin koo hin hayyaamu <p>D). Saboota karoora matiitiin walqabaatan</p> <ol style="list-style-type: none"> 13. Sababaa fayyaatiin walqabamaan 14. Midhaa natii fidaa jedhee waan soodadheef 15. Argachuuf rakiisaa ykn idoon ittii argaamu fagoo ykn gonkumaa waan hinargamneef 16. Gattiin issaa guddaa waan ta,eef 17. Ittii fayyaadamuf natii hin toluu <p>E). Kan biraa yoo jiraate bareessii_____</p> <p>F). Sabaaba issaa hin beeku</p> <p>G).Deebii hin keenu</p>	
228	<p>Malloota karoora maattii keessa kammiiti fayyaadamu barbaada?[Hin dubissiniif ,deebii ishiin keenitee hundaatu marrii }</p>	<ol style="list-style-type: none"> 1. Kiiniinii liqmsaamuu(pills) 2. kan ciiqlee harkaa keessaa operreshiniidhan galu(implants/norplant) 3. kan lilmoodhan waraanaman (injectablesa) 4. kan gadaamessaa keessaa ta'u(IUCD) 5. koondomii 6. kan biiraa (bareessii)_____ 	

Xummuree jiraa, yeroo kessaan naaf kennitaan gaafiilee issiin gafaadheef deebii waan na keenitaniif baay'een issiin gaaleetafa dha!!!

Annex -3 Focused Group Discussion guidelines

Assessing the magnitude and associated factors for unmet need for family planning among married women of Sude, Woreda, Arsi zone, Oromia region

Four focused group discussion will be done

Guidelines for focused group discussion between married women of reproductive age

1. What do you think the best family size?
2. What do you think the methods to achieve the desired family size?
3. What are the problems related to large family size?
4. How do you see family planning services in your community?
5. Why peoples do not use family planning services?
6. Opinions of community concerning family planning services
7. Do you get any information concerning family planning? Source of information?

Annex -4 key informant interview guidelines

Key informant interview with health extension workers

Identification

Region: _____ Woreda: _____

Zone: _____ Kebele ; _____

Name of health post _____

Number of health extensions working in health post _____

Name and signature of interviewer _____ Date _____

Questions

1. How do you see the family planning services in your kebele?[Probe: situation of family planning services in community by comparing the [resent with the past
2. How do you see the attitude of community on family planning methods
3. What are the contraceptive methods available in your health post?[Observe and write the methods]
4. Which contraceptive method do most clients prefer to use? Why? Do they get what they prefer? If no could you tell me the main reasons?
5. How do you provide the family planning services? And for how many days do you provide the services per week? Number of hours per day? [Probe: outreach, static]
6. What are the common problems you face related to family planning services Provision? Interventions taken?
7. Generally if you have any suggestion concerning family planning service

Declaration

I, the under signed, declare that this is my original work, has not been presented for a degree in this or another university and that all sources of materials used for the thesis have been fully acknowledged.

Name: Wubishet Kebede

Signature; _____

Place: Addis Ababa

Date of Submission:

This thesis work has been submitted for examination with my approval as University advisor.

Dr. Alemayehu Mekonnen

Advisor's name

Signature