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*Assessment of Factors Influencing
the Utilization of
modern Contraceptive Methods among Women in
the Reproductive Age Group in
Angolela and Tera District, North Shewa Administrative Zone,
Amhara National Regional State.*

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ACRONYMS

A.A:- Addis Ababa
ATD: - Angolela and Tera District
CBD: - Community Based Distribution
C.I:- Confidence Interval
CMR - Child Mortality Rate
CPR: - Contraceptive Prevalence Rate
DHS: - Demographic and Health Survey
DHO:-District Health office
FGAE: - Family Guidance Association of Ethiopia
FP: - Family Planning
FGD: - Focus Group Discussion
IEC: - Information, Education and Communication
IUCDs: - Intra Uterine Contraceptive Devices
ICPD: - International Conference on Population and Development
INV: - Investigator
IMR: - Infant Mortality Rate
MCH:-Maternal and Child Health
MMR - Maternal Mortality Rate
MOH: - Ministry of Health
MOE: - Ministry of Education
MC: - Modern Contraception
NSZ:-North Shewa Zone
OR: - Odds Ratio
OCP: - Oral Contraceptive Pill
RHB: - Regional Education Bureau
REB: - Regional Health Bureau
RH: - Reproductive Health
TV: - Television
TFR: - Total Fertility Rate
ZHD: - Zonal Health Desk

ABSTRACT

Background - Ethiopia is one of the most populous countries in Africa where only less than 23% of women in the reproductive age group are currently using modern contraception. The objective of this study was to assess factors influencing the utilization of modern contraception among women in the reproductive age group in Angolela and Tera District of the North Shewa Administrative Zone in the Amhara National Regional State which is located 110 kms north of Addis Ababa.

Design and Methods - This study was an institution based un-matched case-control study in which four health facilities were selected from the existing six health facilities in the district using the lottery method. The target population was women in the reproductive age group (15-49 years). Two hundred and eighty five registered modern contraceptive users (cases) from the selected four health facilities and the same number of women not using modern contraception (controls), visiting the same health facilities for reasons other than family planning service were taken by simple random sampling. Data analysis was done using chi-square test and logistic regression analysis.

Results - Among the variables analyzed, respondents' age, marital status and average monthly income were the socio - economic and demographic variables that showed significant difference between the two study groups ($p < 0.05$). Similarly, some socio-psychological and attitudinal questions like "modern contraception use helps a mother regain her strength before the next pregnancy", "modern contraception decreases sexual satisfaction", "Interspousal communication" and the sources of information about the various methods of contraception have revealed significant difference between the two study groups ($p < 0.05$). On the other hand reproductive factors like history of still birth and abortion did not show statistically significant difference between the two study groups ($p > 0.05$).

Conclusions - It is concluded from this study that modern contraceptive utilization is

associated with some socio-economic, socio-demographic and socio-psychological factors like age, marital status, average family monthly income and, spousal communication. It is also associated with different sources of information like mass media and Health institutions.

Recommendations - Based on the findings of the study it is recommended to enhance planned IEC using mass media and health institutions and to improve household economic activities through the use of micro - finance institutions and rural banks.

1. Introduction

Ethiopia is one of the most populous countries in Africa; only less than 23% of women in the reproductive age group are currently using contraception, which is still low to affect fertility. While fertility rates have declined in many nations in the past few decades, rapid population growth is projected to continue well into the 22nd century for most of the nations, especially in the Middle East, Africa and South Asia. Thus, it is crucial to reduce high fertility through a combination of several economic and social sector programs.

Sub Saharan Africa faces the most serious population and reproductive health challenges, including the highest maternal mortality, population growth rate, total fertility rate and much unmet need for family planning in the world.

The situation in Ethiopia is still much worse than most African countries. In spite of the fact that, family planning service delivery facilities and other supplies have increased much in number in the country; significant portion of the Ethiopian population is still living in abject poverty.

The total fertility rate in the country is 5.4, which is still very high when compared with most other African countries (34). The contraceptive prevalence rate is about 23% among women of reproductive age. (In some reports even much lower figures than this have been reported). The MMR (700-1000/10,000), the CMR (84.5/1000) and the IMR (96.8/1000) are also among the highest figures in Africa. The population growth rate is as high as 2.5%. (2, 3)

Generally, the aforementioned facts indicate the low level of health service utilization in the country including RH/FP services. Health service utilization can be defined as the number or proportion of the population, using health services; which in turn can be related to the number or proportion in need of the services. Given the services are available; the factors influencing the utilization of health services broadly include need, geographic accessibility, acceptability and affordability to the consumers.

2. Literature Review

Most Previous studies have shown that there is a wide gap between knowledge and use of modern contraception. Surprisingly, Knowledge about modern contraception is relatively high

when compared with utilization rate. For instance, knowledge about MC was around 85% in Tanzania, 96% in Kenya and 81% in Ethiopia, but their CPR was far below 20% (3,4,5).

It is believed that information education and communication about the importance of modern contraceptive use play an important role in raising contraceptive prevalence rate. However, different empirical evidences revealed that having knowledge about modern contraception (MC) alone could not guarantee utilization of the service. Thus, it can be summarized that modern contraceptive use does not necessarily depend on the knowledge of methods but there are other additional determinant factors that influence the utilization of the service. Among the various determinant factors indicated by different studies conducted so far, few important factors indicated will be reviewed below.

2.1 Knowledge and Information

Having information and knowledge about modern contraceptive methods is mandatory to utilize the service. A study conducted in Africa identified that high proportion of women (74.3%) who belonged to various clubs and associations that discussed health related topics were knowledgeable and contraceptive users, which indicated that information exchanges through discussion in such organization increase the desire for modern contraceptive use (6).

A study conducted in Addis Ababa indicated that 15% of the respondents had not heard of MC methods and 40% knew of only one such method implying that the IEC dissemination strategies were weak (7).

Another study conducted in Southern Ethiopia in 1997 showed that 8.5% of urban and 64.3% of rural residents had no knowledge of MC, while 5.3% of urban and 11% of rural respondents knew only one type of modern contraceptive method (8).

2.2 Education

In a study conducted among women of reproductive age group in Zimbabwe by the World Bank, modern contraceptive use and fertility regulation have significant association with

increased educational attainment, although at low level of education (less than 6 years) there was no clear association between education and use of modern contraception. It was reported among women who have completed primary school (seven years of education) that the powerful effect of education becomes apparent, Similarly women who have completed secondary school and above were about twice as likely to use modern contraceptive methods as women who didn't complete primary schooling (9).

In a study conducted recently in Uganda, modern contraceptive use was independently and positively associated with formal education. The study reported that in urban areas women with at least a secondary education had significantly higher odds of contraceptive use than non-educated women. The effect of education on use was even more striking in rural areas; compared with woman with no education, those with at least some primary schooling or higher had nearly five times the odds of contraceptive use and those with secondary or higher had almost ten times the odds of contraceptive use (10).

A study conducted in Asia in 1993 identified significant variation in mean number of pregnancies, 6.2 among women of no schooling, 4.8 pregnancies among those with 1-7 years schooling, and 3.2 pregnancies among those with 8 years or above schooling (11). Other studies in different parts of the world have also shown a positive linear relationship between education and modern contraceptive use (6,12).

In Ethiopia the situation is not different from the above-mentioned facts. A study conducted in southern Ethiopia reported broad association of literacy with current and intended use of contraception (8). A study conducted in Gondar town showed that there was a positive trend of association in contraceptive use with increased educational status. The study showed that the relative percentages of contraceptive use increases from 33.7% to 41% among primary and secondary schooling and 52.5% among higher educated women (13).

A study conducted on urban youth in Ethiopia indicated that contraceptive use was 4.9% in those with no education, 13.1% in low education and 82% among higher education (14).

2.3 Quality of Care

Situation analysis conducted in several African countries sites that the major reason for under utilization of service capacity was the lack of attention given to systems operating at institutional and local service sites (4,15).

In one study conducted in Jimma zone (Ethiopia) in 2003, virtually all components of quality of care could not be fully achieved by service delivery points. In this particular study the main identified deficiencies were unavailability of method mix, lack of providers special training, failure to explain about various methods available, lack of the national guideline of FP service and the like (16). The above facts showed that family planning programs focused heavily on contraceptive supply and paying insufficient attention to client needs and quality of care at large.

2.4 Cultures and Religion

The roles of religion and culture as a fertility determinant have been a subject of considerable discussion in fertility literatures. Every social group has a characteristic culture, complex of belief, attitudes, values and social controls.

The cultural and religious background of a given community has powerful effect on health seeking behavior in general, and contraceptive use in particular. Globally, the strongest opposition was from the Catholic Church, which prohibits utilization of artificial contraception in the 1930s and Islamic religion followed it (10,11). A study conducted in Bangladesh revealed that the percentage of current users of contraceptive methods among Muslims was significantly lower than their non-Muslim counterparts (30.2% and 36.3%, respectively) (12). A study conducted in Southern remote community in Ethiopia in 1999, reported that because of the male dominance in the culture, women would be forced to bear large number of children, and this was a major obstacle in the fertility regulation decisions by women (17). According to the 2000 demographic and health survey (DHS) Ethiopia report, significantly high proportion of females reported that in most cases religious leaders oppose the use of MC and ethnicity and religion were the determinant factors to the use of contraception (3).

2.5 Availability of method mixes

A study conducted in Jimma zone (Ethiopia) in 2003 identified that significant proportion of clients were obliged to use methods other than their choices. The study showed that, 21.1% of clients were using oral contraceptive pill (OCP) without being their choice, and about 13.1% of the clients were not totally given the chance to choose the FP method (26). A tangible increase was evident by a study conducted in Bangladesh, which revealed that introducing household provision of injectibles in early 1977 helped raise CPR from 7% to 20%, the introduction of tubectomy services in 1978 helped to increase the prevalence by an additional 10%, and household insertion of IUDs in 1981 elevated the prevalence yet further, which showed that provision of different methods can enhance utilization of modern contraception (12).

2.6 Interspousal Communication

Although, interspousal communication could be considered as a reflection of culture, it can be affected by the level of knowledge and education status of the couples. Spousal communication is a result of power asymmetry between men and women, which is usually ascribed by the culture in which they are living in. However, spousal communication could be improved through planned information, education and communication (IEC) programs. A study in Bangladesh indicated that there was a significant association of use with decisions made jointly by husbands and wives (35%) than decisions made only by husbands (17%) (12). However, in studies conducted in 1996 in Addis Ababa and in 2000 in South and North Gondar zones it was reported that there was no significant impact of inter-spousal communication (7,18).

2.7 Rationale to conduct the research

The rationale to conduct this study was observation from previous government health facility reports, that the study area was one with low CPR when compared with other districts in the zone; and moreover, there was no other health service utilization study done so far in the area. Thus, this study tried to answer the basic research question that why do some women of reproductive age in the district use MC and why not the others?

Improving FP service utilization, in addition to contributing towards fertility control, is important to reduce the maternal, child and infant mortality in the area and ultimately improves the socio economic development of the local community and the nation as a whole (19).

3. Objectives

General Objectives

The general objective of this study was to assess factors influencing the utilization of modern contraception among women in the reproductive age group in the district.

Specific Objectives

The specific objectives were:

- 1- To assess the knowledge, attitude and decision - making towards, modern contraception use in the district.**
- 2- To assess the socio economic, demographic, and reproductive factors influencing the use of modern contraception use in the district.**

4. Methodology

4.1 Study Area

The study area, Angolela and Tera District, is found in the North Showa Administrative Zone of the Amhara national regional state. The capital of Angolela and Tera District, Chacha is located 110 kms from Addis Ababa. There are 19 kebeles, a health center and 5 satellite health posts in the District.

4.2 Study Design

The design of the study was institution based unmatched case-control study. The Cases were women between 15-49 year of age who were registered by one of the health facilities selected for the study and regularly using MC for at least 6 months prior to the start of data collection. Non-users (controls) were women between 15-49 year of age who visited the facilities for reasons other than FP and not using MC at least for 6 months prior to the start of data collection. The total population of the district was 92,826 (according to projected local government reports). The target population was women of reproductive age group (15-49 years), which comprises of about 20% of the total population i.e. (18,565 women). The source population was women who were using health services from the selected health facilities and the study participants were women of the reproductive age group who were users and non-users of MC who met the inclusion criteria.

Inclusion criteria

Women who were in the reproductive age group and, who had been regularly (with out being drop outs) using FP services at least for six months prior to the time of data collection in one of the selected health facilities and Women who were in the reproductive age group and who had not been using FP services for at least six months prior to the time of data collection but who came to one of the selected health facilities for health services other than FP.

Exclusion Criteria

women who were pregnant and critically ill during data collection, those below 15 years and

above 49 years and those with less than six months of use of MC.

4.3 Sample size determination

The sample size was calculated using the formula for two populations in case-control study design.

$$n_1 = \frac{[Z_{\alpha/2} \sqrt{(1+1/r) p(1-p)} + Z_{\beta} \sqrt{p_1(1-p_1) + \frac{p_2(1-p_2)}{r}}]^2}{(p_1 - p_2)^2}$$

Where: -

α , is the level of significance = 0.05

$1-\beta$, is the power of the test = 90%

r, is the control to case ratio = 1:1

p_1 , is the proportion of exposure among non users (controls) = 0.21

p_2 , is the proportion of exposure among users (cases) = 0.33

p , is the population proportion = $p_1+p_2/1+r = 0.27$ The sample size was calculated based on the assumption that education is the major determinant factor for the utilization of modern contraception. The hypothesis tested stated that there is no significant difference between the cases and the controls in exposure to formal education or there is significant difference between them.

According to studies conducted in different parts of Ethiopia 15-27% of non-users and 26-39% of users of MC are exposed to formal education. Thus, based on the above findings and taking the averages, it was assumed in this study that, 21% of non-users and 33% of users are exposed to formal education. Hence, the sample size calculated using the above formula and the given assumptions gave 285 cases and 285 controls.

4.4 Sampling procedures

Four health facilities were selected from the existing six health facilities in the district, using the lottery method. These were kotu, Safege, Merkorios Health Posts and Chacha Health Center. Users and non-users of MC who met the inclusion criteria were selected by simple random sampling.

4.5 Data collection procedures

Interviewer administered structured questionnaire was employed to collect data. The Questionnaire was first prepared in English and then it was translated in to Amharic as the study subjects speak Amharic and then it was translated back to English to check for consistency. Four interviewers that have completed high school Education were recruited as interviewers and one-health personnel as supervisor respectively.

Data collectors were trained for three days on questions included in the questionnaire, on interviewing techniques, purpose of the study, and importance of privacy, discipline and approach to the interviewees and confidentiality of the respondents. Before conducting the main study, pre test was carried out on 20 cases and 20 controls from one health facility, which was not included in the main study. Based on the result, data collectors were reoriented and the questionnaire was modified as necessary.

4.6 Data quality control

From the very beginning, a through training of data collectors and supervisors was undertaken. The principal investigator and supervisor made a day to day on site supervision during the whole period of data collection.

At the end of each day, the questionnaires were reviewed and checked for completeness, accuracy and consistency by the supervisor and investigator and corrective discussion was undertaken with all the research team members. Remarks were given during morning times on how to eliminate or minimize errors and take corrective actions timely.

4.7 Data entry and analysis procedures

After all the necessary data collected, the data were coded on pre arranged coding sheet by the principal investigator. Data entry and cleaning was done using EPI-info version 6 statistical package. Tables and figures were used to describe variables. The association and significance between the explanatory and response variables were measured using chi-square test, p values, odds ratios, and 95% C.I. The relative contributions of the selected variables to the outcome of interest were assessed using logistic regression.

4.8 Ethical considerations

Ethical clearance was obtained from AAU, faculty of medicine and a written consent was sought from local authorities and concerned government bodies. Additionally, an informed verbal consent was received from each study subject and anyone who was not willing to take part in the study had the full right to do so.

To ensure confidentiality of respondents, their names were not indicated on the questionnaire. All interviews were made individually to keep privacy. Appropriate information on the source of modern contraceptive methods was provided to those women who had the intention to use FP but do not know the source.

4.9. Variables

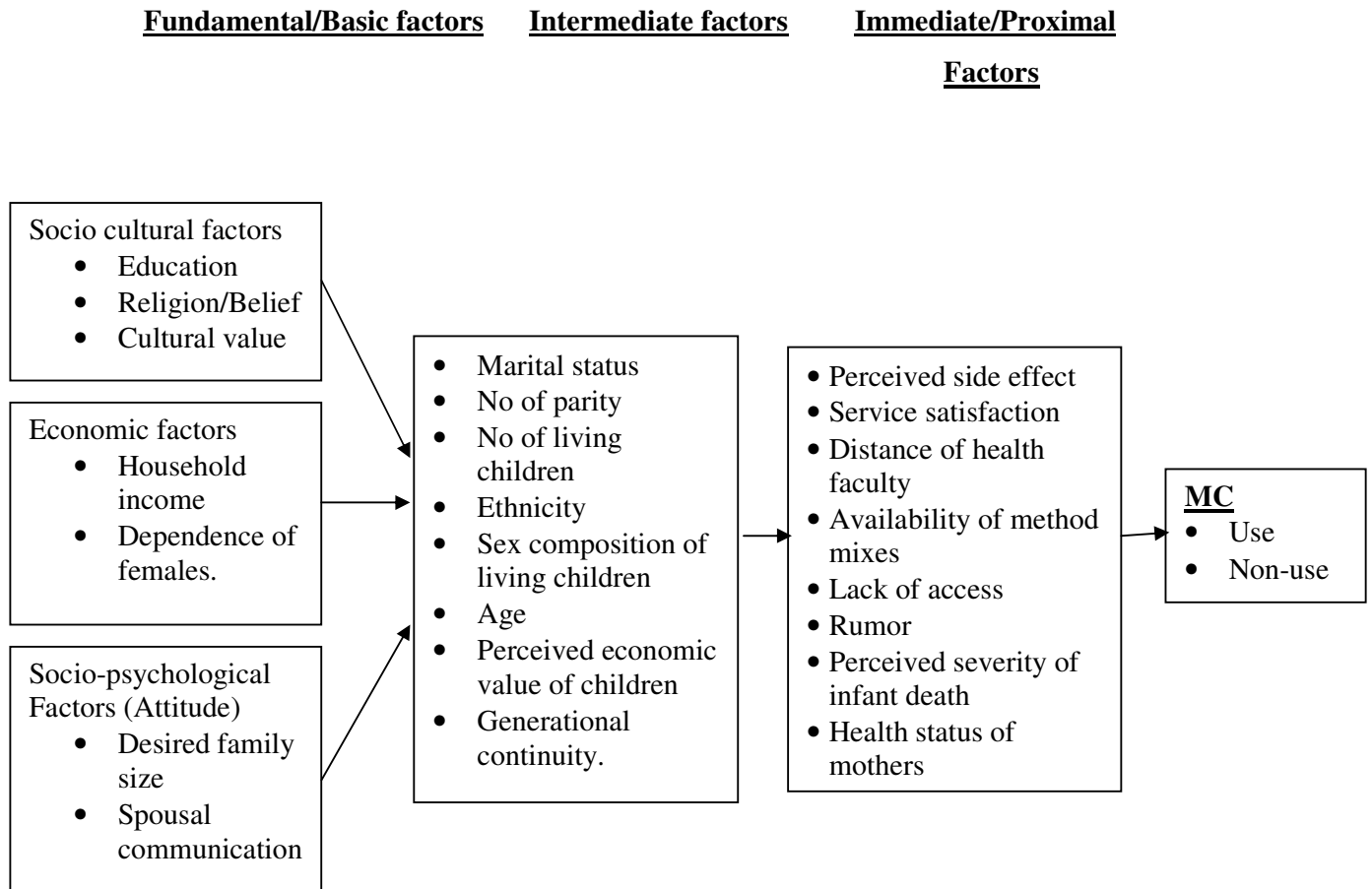
The outcome /response variable included in this study was contraceptive use or non-use. The explanatory/ independent variables included in this study were:-

- (a) Socioeconomic and psychosocial Variables.
- (b) Demographic variables.
- (c) Variables related with reproductive history.

(d) Knowledge, Attitude and practice variables.

The relative association of the explanatory variables with the outcome of interest could be distal or proximal as indicated on the conceptual framework. (See fig 1)

Fig 1.
Conceptual framework indicating factors influencing utilization of MC.



5. Results

A total of 570 women of reproductive age group (15-49 years) using health services in the selected health institutions in the district were interviewed; and analysis was made on data gathered from these 285 registered modern contraceptive users (cases) and 285 non users (controls). The finding of the study so conducted is summarized below.

Table 1. Socio-economic and demographic characteristics of women in the reproductive age group. NSZ, ATD - 2006.

| Socio-economic and demographic factors | Cases No. | % | Control No. | % | χ^2Value | P-Value |
|---|------------------|----------|--------------------|----------|---------------------------------|----------------|
| <i>Respondents' age</i> | | | | | | |
| 15-19 | 7 | 2.50 | 65 | 22.80 | | |
| 20-24 | 27 | 9.50 | 42 | 14.70 | 16.65 | 0.000 |
| 25-29 | 77 | 27.00 | 59 | 20.70 | 43.00 | 0.000 |
| 30-34 | 62 | 21.80 | 45 | 15.80 | 42.25 | 0.000 |
| 35-39 | 74 | 26.00 | 45 | 15.80 | 50.55 | 0.000 |
| 40-44 | 21 | 7.40 | 14 | 4.90 | 30.81 | 0.000 |
| 45-49 | 10 | 3.50 | 10 | 3.60 | 16.86 | 0.000 |
| <i>Religion</i> | | | | | | |
| Muslims | 11 | 3.90 | 15 | 5.30 | | |
| Christians | 274 | 96.10 | 270 | 94.70 | 0.64 | 0.421 |
| <i>Education</i> | | | | | | |
| Illiterate | 120 | 42.10 | 86 | 30.20 | | |
| Read and Write | 70 | 24.60 | 63 | 22.10 | 1.04 | 0.308 |
| Primary Schooling | 62 | 21.80 | 61 | 21.40 | 1.92 | 0.166 |
| Secondary Schooling | 21 | 7.40 | 20 | 7.00 | 0.69 | 0.406 |
| Above Secondary | 12 | 4.20 | 10 | 3.50 | 0.11 | 0.737 |
| <i>Occupation</i> | | | | | | |
| House wife | 201 | 70.50 | 118 | 41.10 | | |
| Gov. employee | 14 | 4.90 | 8 | 2.80 | 0.00 | 0.953 |
| Student | 9 | 3.20 | 59 | 20.70 | 55.95 | 0.000 |
| Farmer | 38 | 13.30 | 69 | 24.20 | 24.60 | 0.000 |
| Daily laborer | 17 | 6.00 | 16 | 5.60 | 1.68 | 0.195 |
| <i>Marital status</i> | | | | | | |
| Married | 247 | 86.70 | 147 | 51.60 | | |
| Unmarried | 15 | 5.30 | 125 | 43.86 | 111.6 | 0.000 |
| Widowed | 13 | 4.60 | 7 | 2.50 | 0.04 | 0.834 |
| Divorced | 10 | 3.50 | 6 | 2.10 | 0.00 | 0.987 |
| <i>Family monthly income</i> | | | | | | |
| <200 | 120 | 42.10 | 211 | 74.00 | | |
| 200&above | 165 | 57.90 | 74 | 25.96 | 59.67 | 0.000 |
| <i>Possession of Radio</i> | | | | | | |
| Yes | 217 | 76.10 | 207 | 72.60 | | |
| No | 68 | 23.90 | 78 | 27.40 | 0.92 | 0.337 |

| | | | | | | |
|---------------------------------|-----|-------|-----|-------|------|-------|
| Possession of television | | | | | | |
| Yes | 31 | 10.90 | 42 | 14.70 | | |
| No | 254 | 89.10 | 243 | 85.30 | 1.90 | 0.167 |

When we compare the different religious groups 11(3.9%) Muslims were using modern contraception while 274 (96.1%) Christians were doing so.

Pertaining to the educational status of respondents 120 (42.1%) of cases and 86 (30.2%) of controls were illiterates, 70 (24.6%) cases could read and write while only 63 (22.1%) of controls could do so. (62) 21.8% of cases and (61) 21.4 % of controls attended primary school & 21 (7.4%) of cases and 20 (7%) of controls attended secondary school.

If we compare, marital status between the two-study groups, about 247 (86.7%) cases and 147 (51.6%) controls were married.

Concerning occupation, majority of the cases 201 (70.5%) and 118 (41.1%) of the controls were housewives by occupation.

Regarding the average monthly income of respondents', high proportion of controls 211 (74%) had average monthly income of less than 200 birr compared with cases 120 (42.1%). High proportion of cases (57.9 %) compared with that of controls (25.96%) had average monthly income of more than 200 birr. Regarding possession of radio and Tv, majority of cases (76.1%) compared with controls (72.6%) have had radio and only (10.9%) of cases and (14.7%) of controls have had Tv.

**Table 2. Some reproductive characteristics of the study subjects
NSZ, ATD - 2006**

| Reproductive factors | Cases No | % | Control No | % | χ^2Value | P-Value |
|-------------------------------|-----------------|----------|-------------------|----------|---------------------------------|----------------|
| No. of Pregnancies | | | | | | |
| 1-5 | 207 | 72.60 | 119 | 41.80 | | |
| 6&above | 64 | 22.50 | 46 | 16.10 | 0.99 | 0.320 |
| No. Of living children | | | | | | |
| 1-5 | 217 | 76.10 | 16 | 40.70 | | |
| 6&above | 37 | 13.00 | 33 | 11.60 | 3.76 | 0.052 |
| No. of live births | | | | | | |
| 1-5 | 208 | 73.00 | 107 | 37.50 | | |
| 6& above | 56 | 19.60 | 41 | 14.40 | 2.22 | 0.136 |
| History of still birth | | | | | | |
| Yes | 10 | 3.50 | 7 | 2.50 | | |
| No | 249 | 87.40 | 152 | 53.30 | 0.07 | 0.785 |
| History of abortion | | | | | | |
| Yes | 8 | 2.80 | 8 | 2.80 | | |
| No | 235 | 82.50 | 139 | 48.80 | 1.08 | 0.299 |

With Regard to number of pregnancies, 207 (72.6%) of the cases and 119 (41.8%) of the controls had history of one to five pregnancies, and 64 (22.56%) of the cases and 46 (16.1%) of the controls had six and more pregnancies. 217 (76.1%) of cases and 116 (40.7%) of controls have had five and less children; where as 37 (13.0%) of cases and 33 (11.6%) of controls have had more number of children. 208 (73.0%) of cases and 107 (37.5%) of controls had history of one to five live births and 56 (19.6%) of cases and 41 (14.4%) of controls had history of six or more live births. About (2.5%) of controls and (3.5%) of cases have had history of stillbirth and (2.8%) of cases and (2.8%) of controls have had history of abortion.

Table 3. Knowledge and attitude towards modern contraception use among, women of the reproductive age group. NSZ, ATD - 2006.

| Knowledge, and Attitude questions | Cases No | % | Controls | % | χ^2Value | P-Value |
|--|-----------------|----------|-----------------|----------|---------------------------------|----------------|
| MC Information Source | | | | | | |
| Health institution | 176 | 63.30 | 127 | 44.50 | | |
| Mass media | 22 | 7.90 | 30 | 11.80 | 4.48 | 0.034 |
| Methods you know | | | | | | |
| Pills | 241 | 84.60 | 216 | 75.80 | | |
| Injectables | 59 | 20.70 | 57 | 20 | 0.13 | 0.718 |
| Norplant | 52 | 18.20 | 51 | 17.90 | 0.17 | 0.679 |
| IUCD | 6 | 2.10 | 5 | 1.75 | 0.01 | 0.905 |
| Condom | 23 | 8.10 | 23 | 8.10 | 0.13 | 0.723 |
| Decision on the use of FP | | | | | | |
| Jointly | 257 | 90.20 | 244 | 85.60 | | |
| Husband | 14 | 4.90 | 15 | 5.30 | 0.10 | 0.751 |
| Wife | 10 | 3.50 | 13 | 4.60 | 0.54 | 0.463 |
| Interspousal Communication about MC | | | | | | |
| Had ever Discussed | 29 | 10.20 | 5 | 1.80 | | |
| Had discussed with in the past 12 months | 80 | 28.10 | 24 | 8.40 | 1.08 | 0.298 |
| Discuss Usually | 65 | 22.80 | 15 | 5.30 | 0.27 | 0.603 |
| Have an intention to discuss | 42 | 14.70 | 60 | 21.10 | 19.89 | 0.000 |
| Cultural acceptance | | | | | | |
| yes | 143 | 50.20 | 84 | 29.47 | | |
| no | 69 | 24.20 | 64 | 22.45 | 4.28 | 0.038 |
| Religious fathers' acceptance | | | | | | |
| yes | 30 | 10.50 | 16 | 5.60 | | |
| no | 128 | 44.90 | 157 | 55.10 | 6.55 | 0.010 |

Pertaining to knowledge about the different types of modern contraception methods 241 (84.6%) of cases and 216 (75.8%) of controls knew pills, 59 (20.7%) of cases and 57 (20%)

of controls knew injectables, 52 (18.2%) of cases and 51 (17.9%) of controls knew norplant, 23 (8.1%) of cases and 23 (8.1%) of controls knew condom, 6 (2.1%) of cases and 5 (1.75%) of controls knew IUCD.

About 278 (97.5%) of cases and 254 (89.1%) of controls had information about family planning. The major source of information was health facilities and mass media. About (63.3%) of cases and (44.5%) of controls got the information from health facilities.

Regarding decision-making about family planning initiation majority of the cases (90.2%) compared with controls (85.6%) preferred joint decision for family planning practice.

Pertaining to modern contraceptive practice majority of the cases (79.3%) has been practicing injectable contraceptives followed by oral contraceptive pills (19.6%). (94.7%) of the modern contraceptive users reported that they were practicing the method they have chosen.

With regard to the advantages of MC methods 154 (54.0%) of cases and 118 (41.4%) of controls reported of prevention of unwanted pregnancy and 33.7% of cases and 35.1% of controls reported child spacing as some of the advantages.

As far as interspousal communication is concerned 65 (22.8%) of the cases and 15 (5.3%) of the controls reported that they discuss usually and 42 (14.7%) of cases and 60 (21.1%) of controls had the intention to discuss.

When we compare the opinion of respondents regarding acceptance of modern contraception by their culture majority of the cases (50.2%) compared to controls (29.5%) reported as it is accepted by the local culture. Regarding acceptance of modern contraception by religious fathers' majority of the controls (55.1%) as compared to cases (44.9%) reported that it is not accepted by their religion. Respondents were also asked to mention the most important barriers of family planning service use and they reported in descending order that husband

influence, religion, side effect of the methods, culture and sex preference as the prominent ones.

Table 4. Socio-psychological and attitudinal characteristics of contraceptive use among women of reproductive age group. NSZ, ATD - 2006.

| Attitude factors | Cases | % | Controls | % | χ^2 Value | P-Value |
|---|-------|-------|----------|-------|----------------|---------|
| 1) Too many children improve family income. | | | | | | |
| 1.Disagree | 272 | 95.40 | 257 | 90.17 | | |
| 2.Agree | 7 | 2.45 | 11 | 3.86 | 1.09 | 0.295 |
| 2) Too many children guarantee generational continuity. | | | | | | |
| 1.Disagree | 269 | 94.38 | 246 | 86.30 | | |
| 2.Agree | 6 | 2.10 | 7 | 2.45 | 0.19 | 0.664 |
| 3) Religiously it is considered as sin. | | | | | | |
| 1.Disagree | 258 | 90.50 | 239 | 83.85 | | |
| 2.Agree | 10 | 3.50 | 15 | 5.26 | 1.35 | 0.244 |
| 4) It causes maternal health problem. | | | | | | |
| 1.Disagree | 252 | 88.40 | 198 | 69.47 | | |
| 2.Agree | 15 | 5.26 | 27 | 9.47 | 6.37 | 0.011 |
| 5) FP can cause loss of Trust between couples. | | | | | | |
| 1.Disagree | 197 | 69.12 | 149 | 52.28 | | |
| 2.Agree | 57 | 20 | 72 | 25.26 | 6.14 | 0.013 |
| 6) MC decreases sexual satisfaction. | | | | | | |
| 1.Disagree | 250 | 87.72 | 157 | 55.08 | | |
| 2.Agree | 9 | 3.15 | 13 | 4.56 | 3.67 | 0.055 |
| 7) MC can cause infertility. | | | | | | |
| 1.Disagree | 242 | 84.91 | 177 | 62.10 | | |
| 2.Agree | 12 | 4.21 | 20 | 7.01 | 4.96 | 0.025 |
| 8) Birth spacing is important for child & maternal health. | | | | | | |
| 1.Disagree | 20 | 7.01 | 14 | 4.91 | | |
| 2.Agree | 260 | 91.22 | 262 | 91.92 | 1.04 | 0.308 |
| 9) FP enables mother to regain her strength before next pregnancy. | | | | | | |
| 1.Disagree | 272 | 95.43 | 85 | 29.82 | | |
| 2.Agree | 7 | 2.45 | 169 | 59.29 | 246.44 | 0.000 |
| 10) Should men share the responsibilities of FP use? | | | | | | |
| 1.Disagree | 79 | 27.71 | 13 | 4.56 | | |
| 2.Agree | 198 | 69.47 | 245 | 85.96 | 51.72 | 0.000 |

Regarding socio–psychological questions 272 (95.4%) of cases and 257 (90.17%) of controls disagree that too many children can improve family income, about 269 (94.38%) of cases and 246 (86.3%) of controls disagree that too many children guarantee generational continuity, 258 (90.5%) of cases and 239 (83.85%) of controls disagree that using MC is considered as a sin by religion, 252 (88.4%) of cases and 198 (69.47%) of controls disagree that using MC causes maternal health problem due to drug side effects, 197 (69.12%) of cases and 149 (52.28%) of controls disagree that FP can cause loss of trust between couples, 250 (87.72%) of cases and 157 (55.08%) of controls disagree that MC decreases sexual satisfaction, 242 (84.91%) of cases and 177 (62.10%) of controls disagree that MC can cause infertility, 20 (7.01%) & cases and 14 (4.91%) of control disagree that birth spacing is important for maternal and child health, 272 (95.43%) of cases and 85 (29/82%) of controls disagree that FP enables a mother to regain her strength before next pregnancy and 79 (27.71%) of cases disagree that men should share the responsibilities of FP use.

Table 5. Socio-economic and demographic factors associated with contraceptive Use among women of reproductive age group. NSZ, ATD - 2006.

| Socioeconomic and demographic factors | Cases No. | Control No. | Adjusted OR (95% C.I.) |
|---------------------------------------|-----------|-------------|------------------------|
| Respondents age | | | |
| 15-19 | 7 | 65 | 1.00 |
| 20-24 | 27 | 42 | 2.410 (0.718-8.087) |
| 25-29 | 77 | 59 | 3.491(1.019-11.962)* |
| 30-34 | 62 | 45 | 2.853 (0.798-10.193) |
| 35-39 | 74 | 45 | 2.727 (0.763-9.751) |
| 40-44 | 21 | 14 | 2.243 (0.551-9.138) |
| 45-49 | 10 | 10 | 2.715 (0.585-12.594) |
| Occupation | | | |
| House wife | 201 | 118 | 1.00 |
| Gov. employee | 14 | 8 | 2.292 (0.201-26.114) |
| Student | 9 | 59 | 0.500 (0.123-2.035) |
| Farmer | 38 | 69 | 0.750 (0.418-1.348) |

| | | | |
|-------------------------------|-----|-----|------------------------|
| Daily laborer | 17 | 16 | 1.024 (0.410-2.556) |
| Marital status | | | |
| Married | 247 | 147 | 1.00 |
| Unmarried | 15 | 125 | 0.079 (0.027-0.230)*** |
| Widowed | 13 | 7 | 0.938 (0.326-2.697) |
| Divorced | 10 | 6 | 0.932 (0.236-3.684) |
| Average monthly income | | | |
| <200 | 120 | 211 | 1.00 |
| 200&above | 165 | 74 | 3.265 (2.095-5.089)*** |

* = $P < 0.05$ ** = $P < 0.01$ *** = $P < 0.001$

According to the findings of this study the mean age of the respondents is 33.24 yrs for cases and 29.09 yrs for controls and this did not show statistically Significant difference [OR = - 1.98 (95% CI = (-3.00,-0.95))], Further, age was categorized by demographic age grouping and the crude analysis did show statistically significant difference between the two study groups in all categories ($p < 0.001$) but, the adjusted result was significant only with the age groups (25-29 years) ($p < 0.05$).

The difference between religion groups was not found to be statistically significant ($p > 0.05$). Married women were more likely to practice modern contraception as compared to unmarried women and this difference was statistically significant ($P < 0.001$).

Education did not show statistically significant difference during crude analysis among the two study groups in modern contraception use.

Regarding occupation, the association with students and farmers showed statistically significant difference ($P < 0.001$) during crude analysis but the association did not retain its significance when adjusted for confounders; other occupation categories, however, did not show statistically significant difference ($P > 0.05$).

Among the economic indicators included in the study, average monthly income showed statistically significant difference between the two groups. Women with monthly income of less than 200 birr showed statistically significant difference when compared with those with income level of more than 200birr ($p < 0.001$). However, Possession of Radio and Tv did not show statistically significant difference ($p > 0.05$).

With regard to reproductive factors women with number of pregnancy of one to five or more, and those with living children less or equal to five or more did not show statistically significant difference between the two study groups during crude analysis and adjustment ($P>0.05$).

Number of live births, history of still birth and, history of abortion also showed no significant difference during crude analysis and adjustment ($P>0.05$).

Table 6. Knowledge and attitude factors associated with modern contraception use among, women of the reproductive age group. NSZ, ATD - 2006.

| Knowledge, and Attitude questions | Cases No | Controls | Adjusted OR (95% C.I.) |
|--|-----------------|-----------------|-------------------------------|
| MC Information Source | | | |
| Mass media | 22 | 30 | 1.00 |
| Health institution | 176 | 127 | 0.071 (0.008-0.594)* |
| Interspousal Communication about MC | | | |
| Had ever Discussed | 29 | 5 | 1.00 |
| Had discussed with in the past 12 months | 80 | 24 | 1.403 (0.215-9.171) |
| Discuss Usually | 65 | 15 | 0.257 (0.039-1.681) |
| Have an intention to discuss | 42 | 60 | 0.025 (0.004-0.148)*** |
| Cultural acceptance of MC | | | |
| yes | 143 | 84 | 1.00 |
| no | 69 | 64 | 0.933 (0.304-2.861) |
| Religious fathers' acceptance of MC | | | |
| yes | 30 | 16 | 1.00 |
| no | 128 | 157 | 0.186 (0.031-1.120) |

* $P < 0.05$

** $P < 0.01$

*** $P < 0.001$

Pertaining the source of information about MC mass media showed significant difference when compared with health institution as a source and vice versa ($P<0.05$).As far as

interspousal communication is concerned those who had the intention to discuss showed statistically significant difference when compared with those who had ever discussed ($P < 0.05$). Religious fathers' acceptance and cultural acceptance showed significant difference during crude analysis but did not keep the significance during adjustment ($p > 0.05$). Decision on the use of MC and knowledge about the different methods of MC did not show significant difference during crude analysis and adjustment ($p > 0.05$).

Table 7. Socio-psychological and attitudinal factors associated with modern contraceptive use among women of reproductive age group. NSZ, ATD - 2006.

| Attitude factors | Cases | Controls | Adjusted OR (95% C.I.) |
|---|-------|----------|---------------------------|
| 1) It causes maternal health problem. | | | |
| 1.Disagree | 252 | 198 | 1.660 (0.632-4.359) |
| 2.Agree | 15 | 27 | 0.603 (0.229-1.582) |
| 2) FP can cause loss of Trust between couples. | | | |
| 1.Disagree | 197 | 149 | 1.086 (0.618-1.907) |
| 2.Agree | 57 | 72 | 0.921 (0.524-1.617) |
| 3) MC can cause infertility. | | | |
| 1.Disagree | 242 | 177 | 0.688 (0.266-1.782) |
| 2.Agree | 12 | 20 | 1.453 (0.561-3.761) |
| 4) FP enables mother to regain her strength before next pregnancy. | | | |
| 1.Disagree | 272 | 85 | 0.375 (0.232-0.605)*** |
| 2.Agree | 7 | 169 | 2.668 (1.652-4.308)*** |
| 5) Should men share the responsibilities of FP use? | | | |
| 1.Disagree | 79 | 13 | 0.653 (0.205-2.076) |
| 2.Agree | 198 | 245 | 1.532 (0.482-4.873) |

* $P < 0.05$

** $P < 0.01$

*** $P < 0.001$

The attitude of respondents for the questions "MC enables a mother to regain her strength before next pregnancy" showed statistically significant difference during adjustment ($P < 0.05$). The remaining attitude questions did not show statistically significant difference between the two groups both during adjustment ($p > 0.05$).

In the final analysis, among the variables analyzed, respondents' age, marital status and average monthly income were the socio - economic and demographic variables that showed significant difference between the two study groups ($p < 0.05$). Similarly, some socio-psychological and attitudinal questions like "modern contraception use helps a mother regain

her strength before the next pregnancy" ,"Interspousal communication about MC" and the sources of information about the various methods of contraception have revealed significant difference between the two study groups ($p<0.05$). On the other hand reproductive factors like history of still birth and abortion did not show statistically significant difference between the two study groups ($p>0.05$).

6. Discussion

A total of 570 subjects participated in this study, which makes a response rate of 100%.

This study showed significant difference in MC utilization between married and un- married women. A study conducted in East, Central and Southern Africa also identified a significant difference between single and married women. This difference could be attributed to the culture of the local community that prohibits sexual relation for such group of women.

The result of the study like some other studies did not show statistically significant difference in educational status between the two study groups. This can be due to the recent attention given to women's education and improved construction of rural schools or simply due to chance variation.

The study identified that those women with significant proxy economic indicators were more likely to use modern contraception than others. Different studies in various parts of the world have found that higher household income significantly increases the likelihood of practicing different types of modern contraceptive methods (20,21).

The possible explanation to the influence of family income on modern contraception use is that having good income could widen the social interaction of women with a variety of institutions and parties, which in turn increase the information access to family planning services.

In this study almost 27% of users of modern contraception and 21% of non users were in the age range of 25-29 years which is compatible with other findings. The association between age of a woman and contraceptive use was found to increase with age until it reaches a peak

of 80% at the ages of 30-34 and it remains high at the age of 35-39yrs and then declines.

Women in the age range of 25 to 29 years were more likely to practice modern contraception than the others. This could be reflected by the reality that women at the older age could feel either approaching menopause hence, no need for using modern contraception or because of different reasons they may not satisfy their desired child number.

Studies conducted in Uganda, Tanzania and Ethiopia identified 92%, 84% and 85% of women knew at least one modern method respectively (3,4,5). The most familiar methods reported by different studies were OCP, injectables and condom. Similarly the finding of this study complements with other findings as injectables and OCP were the ones practiced most.

Most of the women included in this study were found to have had information on family planning services. A survey conducted in six countries of Africa showed that in four of the six countries, the odds of knowing a modern contraceptive method was significantly higher among women who had been regularly exposed to radio than those who had not, and women who heard family planning messages on the radio were significantly more likely to use a method than those who had not (6). In this study mass media as a source of information showed significant difference with health institutions. There is less media use than health institutions which can be due to lack of materials like radio and Tv or due to absence or shortage of appropriate programs.

The study found statistically significant difference among the two study groups regarding some attitude questions like "modern contraception use helps a mother regain her strength before the next pregnancy" and "Interspousal communication about MC" have revealed significant difference between the two study groups. Planned IEC can change the attitude of couples and individual women towards the use of MC and the need of spousal communication.

7. Limitations, Conclusions and recommendations

7.1. Limitations

This study was based on current users; it did not include previous users.

7.2. Conclusions

This study was conducted among women of reproductive age group who were users and non users of MC to assess factors influencing the utilization of modern contraception in the district and reach at plausible conclusions; accordingly, the conclusions so drawn were stipulated below:

1. Modern Contraceptive Utilization is associated with socio-economic and demographic factors such as respondents' age, marital status and average monthly income.
2. Modern Contraceptive Utilization is also associated with attitudinal and socio-psychological factors like "MC enables a mother to regain her strength before the next pregnancy" and "Interspousal communication about MC".
3. Modern Contraceptive Utilization is also associated with the sources of information about the various methods of contraception. Health institutions and Mass media were the major sources of information about MC.

7.3. Recommendations

Based on the findings of this study it is recommended that:-

1. Development policies and strategies should be reoriented to encourage the adoption of family planning services and, to alleviate the underlying condition of ill health and poverty through empowerment of women.
2. Enhance Information, education and Communication activities regarding family planning services using mass media and health institutions by the MOH, RHB, ZHD and the DHO.
3. Improve household economic activities through broadening micro finance institutions, rural banks and intensifying other development activities.
4. Conduct similar research to solve problems related to family planning service utilization in other parts of the country.

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9. Annexes

Annex: -1

Addis Ababa University, Medical Faculty, department of community health.

A Questionnaire for assessing, factors influencing the utilization of MC among women in the reproductive age group.

Introduction

My name is....., I am working in research team, which is conducted by the Addis Ababa University. We are interviewing women in the reproductive age group who are continued users of modern contraception/ and their counter parts/ to assess determinant factors that influence modern contraceptive use. I am going to ask you some questions that are not difficult to answer. Your name will not be written in this format and never be used in connection with any of the information you are going to tell me. You are not obliged to answer any question that you do not want to answer and you may end this interview at any time you want to. However, your honest answers to these questions will help us in identifying the determinant factors of modern contraceptive use and improve the family planning services in the future. We would appreciate your help in responding to these questions, and the interview will not take more than 30 minutes.

001: - Questionnaire number ----

002: - Are you willing to participate in the study? Yes... No ----

003: - Tick the appropriate choice

1, user (case)

2, Non user (control)

004: - Study area: - Zone Woreda

Kebele 1, town 2, rural

House number ...

| PART ONE: - SOCIO - DEMOGRAPHIC ASSESSMENT | | | |
|---|-------------|--------------------------------|------|
| Number | Questions | Responses | Code |
| 101 | Family size | 1. Males..... 2.Female..... | |

| | | | |
|-----|--|---|--|
| | | 3.Total..... | |
| 102 | Number of children ever born to you | 1. Males... 2. Females... 3. Totals... | |
| 103 | Respondents age | Enter the age Years | |
| 104 | What is your ethnicity? | 1. Oromo 2. Amhara 3. Tigrie 4. Afar 77. Other, specify. ... | |
| 105 | What is your Religion? | 1. Muslim 2. Orthodox 3. Protestant 4. Catholic 77. Other, specify | |
| 106 | Educational status of respondent | 1. Illiterate 2. Can read and write 3. Primary school 4. Secondary school 5. Above | |
| 107 | Marital status | 1. Unmarried 2. Married 3. Divorced 4. Widowed 77. Other, specify. ... | |
| 108 | What is your main occupation? | 1. Housewife 2. Gov. employee 3. Student 4. Farmer 5. Daily laborer 77. Other, specify. | |
| 109 | Did you experience infant/child death in the past 12 months? | (99) No response 1. Yes 2. No | |

| PART TWO: - SOCIO - ECONOMIC STATUS ASSESSMENT | | | |
|---|--|---|-------------|
| Number | Questions | Responses | Code |
| 201 | Do you have Television and/or Radio? | TV, 1. Yes 2. No Radio 1. Yes 2. No | |
| 202 | What is Your monthly income (in birr)? | 1. <100 birr 2. 100-200 birr 3. 201-300birr 4. 301-400 birr 5. 401-500 birr 6. >500 birr | |
| 203 | Compared to your neighbors where do you classify the family's economic status? | 1. Very poor 2. Poor 3. Average 4. Well to do 5. Rich | |
| 204 | How many cattle's does the family own (only for farmers)? | 1. None 2. One 3. Two 4. Three 5. Four ⁺ | |

| PART THREE: - REPRODUCTIVE HISTORY | | | |
|---|--|--|--|
| 301 | Did you have any pregnancy before? | (99) No response 1. Yes (How many ...) 2. No | |
| 302 | If yes, Were all pregnancies wanted? | (99) No response 1. Yes 2. No | |
| 303 | How many live births did you have? | (99) No response 1. Enter the number ... | |
| 304 | How many live children do you have now? | (99) No response 1. Enter the number ... | |
| 305 | What is the sex composition of your live children? | (99) No response 1. Enter the number | |

| | | | |
|-----|---|--|--|
| | | Male ... Female ... | |
| 306 | Did you have any stillbirths? | (99) No response 1. Yes (how many ...) 2. No | |
| 307 | Have you ever experienced induced Abortion? | (99) No response 1. Yes (how many ...) 2. No | |
| 308 | What was your age at first pregnancy? | (99) No response 1. Enter the number ... | |

| PART FOUR: - SOCIO-PSYCHOLOGICAL FACTORS | | | |
|---|--|--|--|
| 401 | How many children do you want? | 1. Males 2. Females ... | |
| 402 | Will having too many children help improve the income of the family? | Level of agreements 1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree | |
| 403 | Will having too many children guarantee generational continuity? | Level of agreements (1-5) | |
| 404 | Should high infant/child mortality be compensated by too much birth? | Level of agreements (1-5) | |
| 405 | Is it a sin to practice MC methods? (Not religiously allowed) | Level of agreements (1-5) | |
| 406 | MC has side effects; will it be dangerous to a mother? | Level of agreements (1-5) | |
| 407 | Does child spacing help protect the health of mothers and children? | Level of agreements (1-5) | |

| | | | |
|-----|---|------------------------------|--|
| 408 | Will family planning practice cause a loss of confidence between couples? | Level of agreements (1-5) | |
| 409 | Does contraceptive use decrease sexual satisfaction? | Level of agreements (1-5) | |
| 410 | Does contraceptive use cause infertility in women? | Level of agreements (1-5) | |
| 411 | Should men share the responsibility of family planning use? | Level of agreements (1-5) | |
| 412 | Does FP help a mother to regain her strength before her next baby? | Level of agreements (1-5) | |

| PART FIVE: - KNOWLEDGE ASSESSMENT | | | |
|--|--|---|--|
| 501 | Have you ever heard of modern contraception? | (99) No response 1. Yes (how many ...) 2. No | |
| 502 | From where/whom did you first get the information? | (99) No response 1. Enter the response | |
| 503 | Which method of MC do you know? | 1. Pills 2. Implant 3. Inject able 4. Condom 5. IUDs 77. Other, specify.... | |
| 504 | What are the important reasons that a woman should use MC? | 1. Prevention of unwanted pregnancy | |

| | | | |
|--|--|--|--|
| | | 2. Child spacing 3. Prevention of STI/HIV 4. To limit family size 5. Medication | |
|--|--|--|--|

| PART SIX: - ATTITUDE, PRACTICE AND OTHER QUESTIONS ON THE USE OF MODERN CONTRACEPTION | | | |
|--|--|--|--|
| 601 | What is the method you are using now? | (99) No response 1. Enter the method (For how long...) | |
| 602 | Are you using the method you choose? | (99) No response 1. Yes 2. No | |
| 603 | If no, what was the reason? | Enter the reason | |
| 604 | Have you ever practiced MC? | (99) No response 1. Yes (how many ...) 2. No | |
| 605 | If yes, what was the reason to default? | (99) No response 1. Enter the reason | |
| 606 | Does FP help couple to become responsible parents? | (99) No response 1. Yes (how many ...) 2. No 88)I don't know | |
| 607 | Is it culturally acceptable to practice MC in your community? | (99) No response 1. Yes (how many ...) 2. No | |
| 608 | If no, what is the reason/s | (99) No response 1. Enter the reason | |
| 609 | Do religious fathers approve Mc use? | (99) No response 1. Yes 2. No | |
| 610 | In your opinion, what is the most important reason/s for a woman for not using MC methods? | 1. Husband dominance 2. For religious reason 3. Sex preference 4. Side effect of methods 5. Rumor 6. Inaccessible 77 Other, specify..... | |
| 611 | Whom do you think should make a decision to use family planning? | 1. Jointly 2. Husband | |

| | | | |
|-----|--|--|--|
| | | 3. Wife 77 Other, specify | |
| 612 | What do you tell us regarding communication about MC with your husband? | 1. Had ever discussed 2. Had discussed in the past 12 months 3. Discuss usually 4. Have an intention to discuss | |
| 613 | How long did it take for you to go to the near by health facility to get FP service (on foot)? | 1. _____ Minuets/Hrs 2. _____ Kms | |
| 614 | What are the major weaknesses you have observed so far? | 1) Lack of contraceptive supplies 2) Shortage of skilled man power 3) Poor client handling 4) Poor supportive supervision and evaluation by higher officials 5) Drugs are expensive. 6) Others Enter the reason..... | |

005: - Enumerator's ID number

006: - Date of interview in Ethiopian calendar.....

007: - Approved by Supervisor Name.....

Signature..... Date.....

Annex 2

ዘመናዊ የቤተሰብ ምጣኔ/የወሊድ መከላከያ ዘዴዎችን በተመለከተ ሕብረተሰቡ ያለውን አመለካከትና የአጠቃቀም ሁኔታ ለማጥናት የተዘጋጀ መጠይቅ

መግቢያ: -

ስሜ ይባላል። የአዲስ አበባ ዩኒቨርሲቲ እያካሄደ ባለው ሳይንሳዊ ጥናት ውስጥ የጥናት ቡድኑ አባል በመሆን በመስራት ላይ እገኛለሁ። ዕድሜያቸው በመውለድ ክልል ውስጥ ለሚገኙ ሴቶች ስለ ዘመናዊ የወሊድ መከላከያ ዘዴዎች መጠይቅ እናቀርባለን።

የመጠይቁም ዓላማ በዘመናዊ የወሊድ መቆጣጠሪያ አጠቃቀም ዙሪያ ያሉ ዋና ዋና እንቅፋቶች ምን ምን እንደሆኑ ለይቶ ለማወቅ ነው። እርሶንም ለመመለስ ቀላል የሆኑ የተወሰኑ ጥያቄዎችን እንጠይቅዎታለሁ። ስምዎን በዚህ መጠይቅ ላይ አሳስፍረውም እንዲሁም የሚሰጡት መልስ ከእርሶ ጋር ምንም ግንኙነት አይኖረውም። ከማቀርብልዎት ጥያቄ ለመመለስ የማይፈልጉት ካለ አይገደዱም በተጨማሪም አጠቃላይ መጠይቁን በፈለጉት ጊዜ የማቋረጥ መብት አለዎት። ሆኖም የሚሰጡት እውነተኛ መልስ በዘመናዊ የወሊድ መቆጣጠሪያ አጠቃቀም ዙሪያ ያሉ ዋና ዋና እንቅፋቶችን ለማወቅና የህብረተሰቡን የቤተሰብ ምጣኔ አገልግሎት የበለጠ ለማሻሻል ትልቅ ጠቀሜታ እንዳለው ላረጋግጥልዎት እወዳለሁ። በመጨረሻም ለሚሰጡት መልስ በቅድሚያ እያመሰገንኩ በአጠቃላይ መጠይቁ ከ30 ደቂቃ በላይ እንደማይወስድ እገልጽሎታለሁ።

001: - የመጠይቁ ቁጥር

002: - የጥንደች ቁጥር

003: - በዚህ ጥናት ለመሳተፍ ፍቃደኛ ነዎት? 1) አዎ 2) አይደለሁም

004: - ትክክለኛውን ምርጫ አክብቡ

(1) ዘመናዊ የወሊድ መከላከያ ተጠቃሚ

(2) የማይጠቀሙ

005: - የተሳታፊዎ መኖሪያ አካባቢ ዞን

ወረዳ
 ቀበሌ 1) ከተማ 2) ገጠር
 የቤት ቁጥር

| ተ.ቁ | ክፍል አንድ:- የማህበራዊና የስነ-ህዝብ መጠይቅ () አንዱን በመክበብ አሳዩ | ኮድ | ወደ ... እለፍ |
|-----|---|--|---------------|
| 101 | የቤተሰብዎ ብዛት ስንት ነው? | 1) ወንድ.... 2) ሴት.... 3)ድምር ... | |
| 102 | የወለዱአቸው ልጆች ብዛት ስንት ነው? | 1) ወንድ.... 2) ሴት.... 3)ድምር ... | |
| 103 | እድሜዎ ስንት ነው? | | |
| 104 | የየትኛው ብሄረሰብ አባል ነዎት? | 1) ኦሮሞ 2) አማራ 3) ትግሬ 4) አፋር 5) ሌላ | |
| 105 | የየትኛው ሀይማኖት ተከታይ ነዎት? | 1) እስልምና 2) ኦርቶዶክስ 3) ፕሮቴስታንት 4) ካቶሊክ 5) ሌላ ... | |
| 106 | የትምህርት ደረጃዎ? | 1) ያልተማረ 2) ማንበብና መጻፍ የምትችል 3) አንደኛ ደረጃ 4) ሁለተኛ | |

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| | | ደረጃ 5) ከዚያ በላይ | | |
| 107 | ዋናው ስራዎ ምንድነው? | 1) የቤት እመቤት 2) የመንግስት ስራተኛ 3) ተማሪ 4) ገበሬ 5) የቀን ስራተኛ 6) ሌላ | | |
| 108 | የጋብቻዎ ሁኔታስ? | 1) ያገባች 2) የላገባች 3) የሞተባት 4) የተፋታች | | |
| 109 | ባለፈው 12 ወራት ውስጥ ልጅ ሞቶቦታል? | 1) አዎ 2) አልሞተብኝም 99) መልስ የለም | | |

| ተ.ቁ | ክፍል ሁለት:- የኢኮኖሚ ሁኔታን የሚዳሰስ መጠይቅ () | ከድ | | |
|-----|---|---|--|--|
| 201 | ቴሌቪዥን እና/ ወይም ሬዲዮ አለዎት? | ቴሌቪዥን 1) አዎ 2) የለኝም ሬዲዮ 1) አዎ 2) የለኝም | | |
| 202 | አማካይ የወር ገቢዎ ስንት ነው? /በብር/ | 1) ከ100 በታች 2) 100-200 3) 201-300 4) ከ301-400 5) ከ401-500 6) ከ500 በላይ | | |
| 203 | ከጎረቤትዎ ጋር ሲያነጻጽሩ የእርሶን የኑሮ ደረጃ ከየትኛው ይመድባሉ? | 1) በጣም ደሀ 2) ደሀ 3) መካከለኛ 4) ደህና 5) ሐብታም 99) መልስ የለም | | |
| 204 | ስንት የቤት እንስሶች አሎት? /በግብርና ለሚተዳደሩ/ | 1) ምንም የለም 2) አንድ 3) ሁለት 4) ሦስት 5) አራትና ከዚያ በላይ | | |

| ተ.ቁ | ክፍል ሶስት:- የስነ ተዋልዶ ታሪክን የሚዳሰስ መጠይቅ () | ከድ |
|-----|--|--|
| 301 | ከዚህ ቀደም አርግዘው ያውቃሉ? | 1) አዎ 2) አይደለም 99) መልስ የለም 88) አላውቅም |
| 302 | መልሱ አዎ ከሆነ ስንት ጊዜ? | |
| 303 | ሁሉንም ፈልገው ነበር ያረገዙአቸው? | 1) አዎ 2) አይደለም 99) መልስ የለም |
| 304 | በህይወት የተወለዱት ስንቶቹ ነበሩ? | 99) መልስ የለም |
| 305 | አሁን በህይወት ያሉት ስንት ናቸው? | 1) ወንድ ... 2) ሴት 3) ድምር ... 99) መልስ የለም |
| 306 | ሞቶ የተወለደ ልጅ ነበረዎት? | 1) አዎ 2) የለኝም 99) መልስ የለም |
| 307 | ከዚህ ቀደም ውርጃ ያውቆታል? | 1) አዎ (ስንት....) 2) አያውቀኝም 99) መልስ የለም |

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|-----|-------------------------------------|-------------|--|
| 308 | በመጀመሪያ እርግዝናዎ ጊዜ እድሜዎ ስንት ነው? | 99) መልስ የለም | |
|-----|-------------------------------------|-------------|--|

| ተ.ቁ | ክፍል አራት:- ማህበራዊና ስነ ልቦናዊ ሁኔታን የሚዳስስ መጠይቅ () | ኮድ | |
|-----|--|--|--|
| 401 | ስንት ልጆች እንዲኖሩት ይፈልጋሉ? | 1) ወንድ... 2) ሴት.... 3) ድምር | |
| 402 | ብዙ ልጅ ማፍራት የቤተሰቡን ገቢ የበለጠ ያሻሽላል? | 1) በጣም አልስማማም 2) አልስማማም 3) ገለልተኛ 4) እስማማለሁ 5) በጣም እስማማለሁ | |
| 403 | ብዙ ልጅ መውለድ ለቤተሰቡ የዘር ሀረግ መቀጠል ዋስትና ነው? | 1) በጣም አልስማማም 2) አልስማማም 3) ገለልተኛ 4) እስማማለሁ 5) በጣም እስማማለሁ | |
| 404 | ከፍተኛ የህጻናትን ሞት ብዙ በመውለድ ማካካስ ይቻላል? | 1) በጣም አልስማማም 2) አልስማማም 3) ገለልተኛ 4) እስማማለሁ 5) በጣም እስማማለሁ | |
| 405 | ዘመናዊ የወሊድ መቆጣጠሪያ መጠቀም ኃላፊነት ነው? | 1) በጣም አልስማማም 2) አልስማማም 3) ገለልተኛ 4) እስማማለሁ 5) በጣም እስማማለሁ | |
| 406 | ዘመናዊ የወሊድ መቆጣጠሪያዎች የጎን ጉዳዮች ስላሏቸው በእናቶች ላይ የጤና ችግር ያስከትላሉ? | 1) በጣም አልስማማም 2) አልስማማም 3) ገለልተኛ 4) እስማማለሁ 5) በጣም እስማማለሁ | |
| 407 | አራርቆ መውልድ ለእናትና ለሕጻኑ ጤንነት ጠቃሚ ነው? | 1) በጣም አልስማማም 2) አልስማማም 3) ገለልተኛ 4) እስማማለሁ 5) በጣም እስማማለሁ | |
| 408 | የቤተሰብ ምጣኔ አገልግሎት መጠቀም በተጓዳኞች መካከል አለመተማመንን ይፈጥራል? | 1) በጣም አልስማማም 2) አልስማማም 3) ገለልተኛ 4) እስማማለሁ 5) በጣም እስማማለሁ | |
| 409 | የወሊድ መቆጣጠሪያ የወሲብ እርካታን ይቀንሳል? | 1) በጣም አልስማማም 2) አልስማማም 3) ገለልተኛ 4) እስማማለሁ 5) በጣም እስማማለሁ | |
| 410 | የወሊድ መቆጣጠሪያ መሀንነትን ያስከትላል? | 1) በጣም አልስማማም 2) አልስማማም 3) ገለልተኛ 4) እስማማለሁ 5) በጣም እስማማለሁ | |
| 411 | የቤተሰብ ምጣኔን መጠቀም ከሚቀጥለው ወሊድ በፊት የእናት ጥንካሬ እንዲመለስ ይረዳል? | 1) በጣም አልስማማም 2) አልስማማም 3) ገለልተኛ 4) እስማማለሁ 5) በጣም እስማማለሁ | |
| 412 | ወንዶች የቤተሰብ ምጣኔ ኃላፊነትን መጋራት አለባቸው? | 1) በጣም አልስማማም 2) አልስማማም 3) ገለልተኛ 4) እስማማለሁ 5) በጣም እስማማለሁ | |

| ተ.ቁ | ክፍል አምስት:- ስለ ቤተሰብ ምጣኔ ያለን እውቀት የሚዳስስ መጠይቅ (Knowledge assessment) | | ኮድ |
|-----|--|---|----|
| 501 | ስለዘመናዊ የወሊድ መከላከያ ከዚህ በፊት ስምተው ያውቃሉ? | 1) አዎ 2) አልሰማሁም 99) መልስ የለም | |
| 502 | የ501 መልስዎ አዎ ከሆነ ከየት/ከማን ነበር መጀመሪያ የሠሙት? | 1) ከጤና ድርጅት 2) ከመገናኛ ብዙሀን 3) ከጓደኛ 77) ሌላ ይጠቅስ - ----- 99) መልስ የለም 88) አላውቅም | |
| 503 | የትኞቹን የወሊድ መከላከያ ዘዴዎች ያውቃሉ? | 1) ፕላስ 2) መርፌ የሚሰጥ 3) በክንድ የሚቀበር 4) በኮንዶም 5) ማህጸን ውስጥ በሚቀመጥ (ሉፕ) 77) ሌላ ----- ፣ ----- | |
| 504 | የወሊድ መከላከያ መጠቀም ዋና ዋና ጠቀሜታው ምንድን ነው? | 1) ያልተፈለገ እርግዝናን መከላከል 2) ልጅ ለማራራቅ 3) ኤች አይ ቪ መከላከል 4) የቤተሰብ ቁጥር መወሰን 5) ለመድሃኒት 77) ሌላ ይጠቅስ ----- ፣ ----- 88) አላውቅም | |

| ተ.ቁ | ክፍል ስድስት: ስለ ዘመናዊ የወሊድ መከላከል ዘዴ ያለ አመለካከትንና የተግባር አጠቃቀምን የሚዳስስ መጠይቅ (Utilization) | | ኮድ |
|-----|---|--|----|
| 601 | አሁን እየተጠቀሙ ያሉት የወሊድ መከላከያ ዘዴ ምንድን ነው? | 1) ፕላስ 2) መርፌ የሚሰጥ 3) በክንድ የሚቀበር 4) ሉፕ 5) በኮንዶም 77) ሌላ ----- | |
| 602 | የመረጡትን /የፈለጉትን የወሊድ መከላከያ ዘዴ ነው በመጠቀም ላይ ያሉት? | 1) አዎ 2) አይደለም 99) መልስ የለም | |
| 603 | መልሱ አይደለም ከሆነ ምን ነበር | 1) የፈለኩት ባለመኖሩ 2) እንደመርጥ | |

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|-----|---|--|--|--|
| | ምክንያቱ? | ባለመጠየቁ 77) ሌላ ይጠቀስ ----- | | |
| 604 | ከዚህ ቀደም ዘመናዊ የወሊድ መከላከያ ተጠቅመው ያውቃሉ? | 1) አዎ (ለምን ያህል ጊዜ -----) 2) አላውቅም 99) መልስ የለም | | |
| 605 | መልሱ አዎ ከሆነ ያቋረጡበት ምክንያት ምንድነው? | 1) ስላልተስማማኝ 2) የባል ተጽእኖ 3) የልጅ ጾታ ምርጫ 77) ሌላ ይጠቀስ ----- | | |
| 606 | የቤተሰብ ምጣኔ ጥንዶች ኃላፊነት እንዲሰማቸው ያደርጋል? | 1) አዎ 2) አያደረግም 99) መልስ የለም 88) አላውቅም | | |
| 607 | ዘመናዊ የወሊድ መከላከያ መጠቀም በባህላችሁ ተቀባይነት አለው? | 1) አዎ 2) የለውም 99) መልስ የለም 88) አላውቅም | | |
| 608 | መልሱ የለውም ከሆነ ምክንያቱ ምንድነው? | 99) መልስ የለም 1) ምክንያት ይጠቀስ | | |
| 609 | በሃይማኖት አባቶች ዘንድ ዘመናዊ የወሊድ መከላከያ ተቀባይነት አለው ወይ? | 1) አዎ 2) የለውም 99) መልስ የለውም 88) አላውቅም | | |
| 610 | በእርሶ አመለካከት ሴቶች ዘመናዊ የወሊድ መከላከያ እንዳይጠቀሙ ምክንያቱ ምንድነው? | 1) የባል ተጽእኖ 2) ሃይማኖት 3) የልጅ ጾታ ምርጫ 4) የሚያስከትለው የጤና ችግር 5) የቦታ ርቀት 77) ሌላ ----- | | |
| 611 | ስለ ዘመናዊ የወሊድ መቆጣጠሪያ መወሰን ያለበት ማን ነው? | 1) በጋራ 2) ባል 3) ሚስት 77) ሌላ ጥቀስ ----- | | |
| 612 | ስለ ዘመናዊ የወሊድ መቆጣጠሪያ ከትዳር አጋርዎ ጋር ይወያያሉ? | 1) በፊት ተወያይተን እናውቃለን 2) ባለፉት 12 ወራቶች ተወያይተናል 3) በየጊዜው እንወያያለን 4) አስበናል:: 77) ሌላ ----- 99) መልስ የለም | | |
| 613 | ባቅራቢያዎ ወዳለ የጤና ተቋም በመሄድ የቤተሰብ ምጣኔ አገልግሎት ተጠቃሚ ለመሆን ምን ያህል ጊዜ ይፈጅብዎታል? /በእግር ጉዞ/ | 1) ----- ደቂቃዎች/ ሰዓት 2) ----- ኪ.ሜትር | | |
| 614 | በአገልግሎት አሰጣጡ ላይ እስከአሁን የታዘቡትን ችግር ይግለጹ:: | 1) የወሊድ መቆጣጠሪያ መድሀኒቶች እጥረት 2) የሰለጠነ የጤና ባለሞያ እጥረት 3) የደንበኞች መስተንግዶና አቀባበል ችግር 4) የኃላፊዎች ክትትልና ግምገማ ማነስ 5) የመድሀኒቶች ዋጋ መወደድ 6) ሌሎች ችግሮች ካሉ ይግለጹ | | |

