Addis Ababa University

College of Health Sciences
School of Public Health

Assessment of magnitude and factors affecting intention of women who are on Antiretroviral therapy to use long acting and permanent family planning methods in Addis Ababa city government public hospitals, Addis Ababa, Ethiopia.

By-

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Addis Ababa, Ethiopia

Addis Ababa University College of Health Sciences School of Public Health

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Acronyms

AARHB	Addis Ababa Regional Health Bureau
AAU	Addis Ababa University
ART	Antiretroviral Therapy
ARV	Antiretroviral Treatment
COCs	Combined Oral Contraceptives
CD4	Cluster Differentiation 4
CSA	Central Statistic Authority
DHS	Demographic and Health Survey
DMPA	Depot-Medroxyprogesterone Acetate
EC	Emergency Contraception
UNECA	United Nation Economic Commission for Africa
EDHS	Ethiopia Demographic and Health Survey
FDRE	Federal Democratic Republic of Ethiopia
FHAPCO	Federal HIV/AIDS Prevention and Control Office
FMOH	Federal Ministry of Health
FP	Family planning
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
ICASA	International Conference on AIDS and STIs in Africa
IFPI	International Family Planning Institutions
IUD	Intra Uterine Devices
LAPMs	Long Acting and Permanent Methods
MDGs	Millennium Development Goals
MTCT	Mother to Child HIV Transmition
PLWHA	People living with HIV/AIDS
PMTCT	Prevention of Mother to Child HIV Transmition
RH	Reproductive Health
SPSS	Statistical Package for social sciences
SSA	Sub Saharan Africa
STIs	Sexual Transmitted Infections

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Abstract

Background-The use of long acting and permanent family planning methods is one of the pronge of preventing unwanted pregnancies among women on ART who tend to have complicated and worse birth outcomes. However, there are no substantive data available on the magnitude and factors affecting the intention to use long acting and permanent family planning methods among HIV positive women in Addis Ababa (Ethiopia).

Objective- to assess the magnitude and factors affecting intention to shift to LAPMs by women who are on Anti Retroviral Therapy.

Methods-The study was undertaken from July 2013 to Augest 2013 using quantitative study mehods in the form of facility based cross sectional survey on a sample of 633 HIV positive women in the ART follow up units in Addis Ababa supplemented by qualitative in-depth interview. A systematic random sampling procedure was applied to select respondents of the study. A pretested structured questionnaire was used to collect data. Data were entered with Epi info, analyzed using SPSS version 20. Bivariable analysis and multivariable logistic regration was employed to see the crude and independent relationship between the independent variables and the out come variable.

Results- The proportion of women who intended to shift to LAPMs was 38.5%. Knowledge of respondents on LAPMs was 95%. Among LAPMs, IUD was known by 90% of participants, male sterilization was least known (7.7%). The intention of HIV positive women to shift to LAPMs in the future was significantly associated with women's level of education AOR= [1.59, 95 % CI: 1.07, 2.36], their level of knowledge about LAPMs [1.68, 95% CI: 1.09,2.60] and attitude of women towards LAPMs [1.66, 95% CI: 1.18-2.34], where as, parity of women: one to two children [0.22, 95% :0.12,0.39] and three to five children a woman had [0.12, 95% CI: 0.06,0.24] were found to be significant and negatively associated with intention of women to shift to LAPMs. From the qualitative data, most of participants were not intended to shift to LAPMs mainly because of women's choices were dominated by partners, fear of side effects from LAPMs like: infection and excessive vaginal secretion, rumors and misconceptions about LAPMs

Conclusions and recommendation- Women's education, knowledge on LAPMs and positive attitude towards LAPMs were found to be independent predictors of intention to shift to LAPMs. The high proportion of women on ART not to shift in these facilities was indicative of the need to work on women's desire to shift the method. Half of women have negative attitude towards LAPMs. Attempts to improve womens' knowledge and attitude towards LAPMs are very important. Besides, Information decisimination , communication on the use of LAPMs and integrating the service of HIV with family planning services especially LAPMs should give due emphasis to allivat factors which hindered method shift among women who are on ART.

1. Introduction

1.1. Background of the Study

Now adays in the world, with the invention of antiretroviral drugs (ARV), the life expectancy of people living with HIV is increasing, thus women living with HIV may have a great wish for fertility. As a result, these people need to be offering modern reproductive health care(1).

The birth of an HIV-positive child to HIV-positive parent is a situation faced by many families in SubSaharan Africa (SSA). The use of contraceptives by HIV-infected women can subsequently avert the birth of a significant number of HIV-positive infants and cut the costs associated with preventing mother-to-child transmission of HIV(PMTCT)(2). Thus the MDG 5: Achievement of "*improving maternal health"* cannot be with out preventing HIV among women and providing family planning for HIV-positive women. Long acting and permanent family planning Methods (LAPMs) are best options for HIV positive women who want to prevent unintended pregnancies. Despite these advantages, LAPMs have been traditionally seen as appropriate only for women who have completed their childbearing in the region (3). Evidences from other countries and within Ethiopia showed that many factors contributed to the inavialabilty and use of LAPMs including: fertility related reason, opposition to use, lack of knowledge, method related reason, lack of trained providers and wide availability of short acting methods could act as barriers to LAMPs use (4, 5).

A given behavior is more likely to occur if the intention to practice the behavior is strong, no environmental barrier to perform it and individual has the skills and ability to perform the behavior. An intention to shift in the method use is an important indicator of potential desire for LAPMs(6).

1.2. Statement of the Problem

In countries like Ethiopia, with high fertility rate and unmet need for contraceptive as well as difficult in ensuring continuity of services especially to HIV positive women, shifting to LAPMs is an important strategy to ensure the services(7). Federal Minstry Of Health and World Health Organization are recommending HIV positive women should use long acting methods which are most effective, safest, easy to use, and reversible (Implants and IUD) and an excellent choices for women at all phases of reproductive lives to prevent unintended pregnancies(8, 9). Knowledge of contraception is nearly universal in Ethiopia, 29% of currently married women are using a method of

contraception, by far the most popular modern method, used by currently married women is the injectable 20.8%, but use of IUD and Implants is only 0.3% and 3.4% respectively(10). In Addis Ababa use of IUD is 2.6%, it is still very low as compared to 15% of the global data. Moreover, only 2.8% use implant which is very low while compared to the highest 8% of Dire Dawa(11).

As the female reproductive health rights indicates implicitly HIV positive women should get adequate counseling services and information on family planning methods and choices and reach on own decision to use LAPMs (12-14). Among the four pronges of HIV prevention, the second pronge entails on prevention of unintended pregnancy among HIV positive women (8).

Previous studies conducted in the country addressed use of LAPMs in the general population and others focused up on use of family planning among HIV positive women. Available data on LAPMs has not been disaggregated by HIV status.Therefore, the intention to use and factors affecting to use LAPMs among HIV positive women were not adequetly identified. A proper identification of inention to use and factors affecting the use of LAPMs and dissagrigating data by HIV status was essential in order to guide programs, planning and organizing family planning services for HIV positive women. Thus this study embarked up assessing factors affecting HIV positive women to shift from short acting family planning methods to LAPMs in Addis Ababa.

1.3. Rationale of the study

World Health Organization as well as Federal Minstry of Health suggests HIV positive women to use LAPMs.

The Federal Democratic Republic of Ethiopia Constitution specifically, Article 35 devoted to the provisions of important rights of women. HIV positive women like other women should get adequate counseling services and information on family planning choices and should reach on her own decision with out any coertion to choose and use freely any of LAPMs. Shifting to long acting and permanent family planning methods was an important strategy to ensure the services. So far less attention has given to those women who are on ART to shift to LAPMs, in preventing unintended pregnancies and

worse birth outcomes as a prong to PMTCT, despite its amenable contribution. This finding will serve as a base line for family planning programmers guiding programs, planning and organizing family planning services designing any program that are effective in reaching women with unmet need and to improve the quality of family planning services, specialy LAPMs for HIV positive women in Addis Ababa, Ethiopia. Moreover, it is expected to discharge an input for information, education and communication on LAPMs among HIV positive women, and improving their intention to shift.

2. Literature Review

2.1. Use of Long- acting and permanent family planning methods by HIV Positive Women

Long- acting and permanent family planning (LAPMs) are birth control methods that provide effective contraception for an extended period of time (sub dermal implants 3-5 years, where as IUD up to 12 years) without requiring user action. In the global population, despite their safety and effectiveness LAPMs are underutilized: only 15.5% of women used IUD, and only 3.4% use sub dermal implants. Moreover, a study conducted in South Africa showed that, the prevention of unintended pregnancies in HIV positive women is a neglected strategy in the fight against HIV/AIDS. Women who want to avoid such pregnancies can use modern contraceptive methods, specifically (LAPMs) and the choice of LAPMs is poorly known by HIV-positive women (15).

Long-acting and permanent methods (LAPMs) of contraception remain a relatively small and sometimes missing component of national family planning programs in sub-Saharan Africa(16).

Guidance from WHO indicates that almost all FP methods are safe for almost every HIV-infected woman. The most common contraceptive methods that are safe for HIV-infected women are combined oral contraceptives (COCs), depot-medroxyprogesterone acetate (DMPA), condoms and LAPMs (implants, intrauterine devices, sterilization). Especially the IUD is cost effective, needs only one follow up (3-6 weeks) after insertion, among the first-time users pain from IUD insertion is generally low, and the expulsion rate of IUD decreases with the age of the woman. It has an extended period for insertion, recent research shows that IUD, both copper and levonogestrel-containing, are safe and effective for use by women who are infected with HIV. Women with AIDS who are on ART and seem to be doing well clinically on these drugs may initiate use of IUD.A study in Kenya found that HIV positive and HIV negative women adopting IUDs had similar rates of complications. If an HIV-positive woman chooses to have an IUD inserted and later develops AIDS, she does not have to have the IUD removed. However; many providers have misconceptions about the IUD, believing them to be riskier and less effective than they actually are. Potential users also have misconceptions about the device

(17). A study conducted in El Savador on reasons on low level of IUD showed that rumors, and myths about IUD, less attention to the method during counseling and insufficient experiences of providers are among the main reasons (18).

Implants are also safe for not only by HIV-positive women but also by lactating mothers, women who smoke cigarettes, women with diseases like diabetics, high blood pressure.

Being HIV-positive is not a reason to be denied sterilization. A woman with AIDS, who is clinically stable, may receive sterilization, in settings with experienced staff and the needed equipment and support (17, 19). Considering that, if a woman has an AIDS-related illness, she should postpone surgical sterilization until her condition improves(16).

Effective contraceptive use in this population is essential to the reduction of unplanned, high-risk pregnancies(20).With the event that the capital city of the nation-Addis Ababa become the highest in HIV prevalence next to Gambella (5.2 percent) and (6.5 percent) respectively(11). There is no study which shows the prevalence of LAPMs among HIV positive women in Ethiopia.

2.2. Factors associated with achieved and the intentded use of LAPMs among HIV positive women

2.2.1. Socio demographic factors

In a study at Adigrat, Tigray showed that most of the respondents were orthodox by religion, in this study, women who were employed and women with knowledge about LAPMs, partner's work status and their education had positively significant association with their intention to use LAPMs in the future. In this study womens' education was not significantly associated with their intention. Family income was found to be a detrmining factor for intention (6). A study in Gondar indicated that, nearly two third of married women reported their intention to use contraceptive in the future (42). In another study in Butajira, Oromia indicated that; morethan half of women with intention to limit child bearing were older (age 35-49), and have 4 or more live children, 72% of them have no fortmal education..Intention to limit child bearing was significantly associated with

women age, number of live children, educational status, and wealth, exposure to media and knowledge and use of family planning (21).

A study in Pakistan indicated that, among the study participants who supported the use of LAPMs, 65. % of them has intention to use it and 51.3% of them said their husbands or friends supported the use of LAPMs in the future (43).

2.2.3. HIV Related Factors (interaction between ART and LAPMs)

The other factor that contributes to low use of long acting family planning methods is the fear of HIV positive women on side effects of long acting family planning methods. However, one systematic review showed that hormonal contraceptives likely have no impact on HIV disease progression (13). In twenty two years of document review on interactions showed that combined oral contraceptive pills (COCs) identified decreased serum estrogen and progestin levels when coadministered with certain ARVs. However, IUDs maintain their contraceptive efficacy when taken with ARVs(23). In a 5-year follow-up study, the annual CD4 counts were similar in the Levenergestrone- IUD users throughout the follow-up period (24).

HIV positive women are not sure about the safety of IUD for their health. One study conducted in South Africa which assessed the intention of HIV positive women for IUD showed that, even though most of HIV positive women were in favour of IUD, those who say they would not use IUD in the future, were not sure of the IUD safety on their health status(25). The use of LAPMs is also part of an important but often overlooked strategy for preventing mother-to-child transmission of HIV(PMTCT) (26).The integration of family planning and HIV/AIDS services is a vital and cost effective way to prevent HIV infection including through mother-to-child transmission(27).

2.2.4. Reproductive variables

The women's concerns about the negative impact HIV might have on their unborn child thus outweigh their wish of having a child is important. Data collected through national survey amongst people living with HIV in Argentina has explored that 55% of women with HIV have children after their HIV diagnosis and that half of those pregnancies were unintended. It is also shown that 64%of women do not want any new pregnancy. The majority of the reports condom use but dual protection (condom use plus short acting methods) among those who do not want another pregnancy is found to be low. Users have reported being discouraged or blamed by their providers when they express their fertility intention(28). In another study, among those women attending compressive ART care in Kenya, use of contraception was low with only 44% being on a method and long term contraception use was also low among the respondents with their unmet need of family planning reaching 30 % (29).

The Exposure to Counseling on LAPMs: Users' attitudes about side effects are strongly influenced by the quality of information and counseling provided. Evidence indicates that thorough IUD pre-insertion counseling can help women accept side effects and, as a result, can reduce their early discontinuation of the method. Providers should address with their good counseling skills not only menstrual disturbances but also the possibility of infection at the insertion site, the fact that implants do not protect against HIV or other STIs, and other contraceptive options(17). HIV positive women do not have the exposure and the access for the long acting family planning methods in service provision areas like HCT(2).

HIV positive women need to be counseled on an IUD, implant, or female sterilization for contraception, with two exceptions. If a woman has an AIDS-related illness, she should postpone surgical sterilization until after her condition improves. More counseling is important on IUD insertion that it is not usually recommended as a first choice for a woman who has developed AIDS if she has not started ART, or is not responding to treatment. This is because her suppressed immune system could increase the risk of

infection during insertion. However, HIV-infected IUD users who develop AIDS generally may continue using the device(16).

2.2.5. Lack of knowledge on the use of LAPMs

The prevention of unintended pregnancies among HIV positive women is a neglected strategy in the fight against HIV/AIDS. Women who want to avoid unintended pregnancies can do this by using a modern contraceptive choice, in particular the use of LAPMs, is poorly understood among HIV-positive women (15).

A mixed study conducted in Uganda, Gullu district showed that the majority of HIV positive respondents (96%) knew at least one method of family planning. In Uganda, the condom is generally promoted as a means to prevent HIV transmission rather than as a family planning method. The majority of the clients preferred to use condoms (30.3%), followed by injectables (28.7%) and the pill (17.1%) at last (30).

Service care providers, in most of the service provision areas were found to have lack of adequate knowledge training on the use of long acting family planning methods for HIV positive women. A study conducted in five African countries on family Planning in HIV Care and treatment evidenced that, family planning providers know that best method for HIV-positive woman to use is condoms (male or female) and the next is injectables, where as in this study , there were no client know implants as a method in Ethiopia(31).

A study of HIV-positive pregnant women in Rwanda found that when access to long-acting reversible (IUD and implants) contraceptive methods was provided, a substantial number of women desired to initiate use of hormonal implants than IUD(32).

A study on 27 countries DHS on extended post partum period, explored the extent to which intention to practice contraception predicted actual levels of contraceptive use. On average for each increase in 1% in intention, there is a 1% rise in contraception adoption(33). Another study in Pakistan shows women's intention to use IUD and tubal ligation was strongly associated with the belief in health benefits of child spacing, access to perceived choice methods(34). A study in Ethiopia indicates that the intention not to use contraceptive methods has decreased from 44% (2000) to 26 %(2011). A given behavior is likely to occur if the intention to practice it is strong, and no obstacle from the external and internal environment affecting and the individual has the skill and ability to

perform the behavior(35). However, in Ethiopia some of the NGOs like international family planning institutions (IFPI) is currently advocating and giving trainings to different health personnel and is being initiating the utilization of implants and IUD to the general eligible population. This program is also being implemented by Federal Ministry of Health with the absence of separate program for HIV positive women (36).

In summary, while LAPMs benefit their health and prevents complicated birth outcomes, contraceptive use and intention to shift to LAPMs is determined with different factors as has seen from the literature. Some of the factors have direct influence on the womens' intention. However, it may not be possible for one factor to determine the out come rather these factors are interrelated. Different factors were identified for the low utilization of family planning methods especially LAPMs including: poor knowledge, negative attitude, misconceptions, rumors, and myths, poor quality of services, poor educational status and inaccesseability of information and services. Although intention to shift to LAPMs is influenced by some of these factors like sociodemographic factors, family size, knowledge on LAPM and health care system among HIV positive woman in the reproductive age and this is dipicted in the conceptual frame work (Figure1)

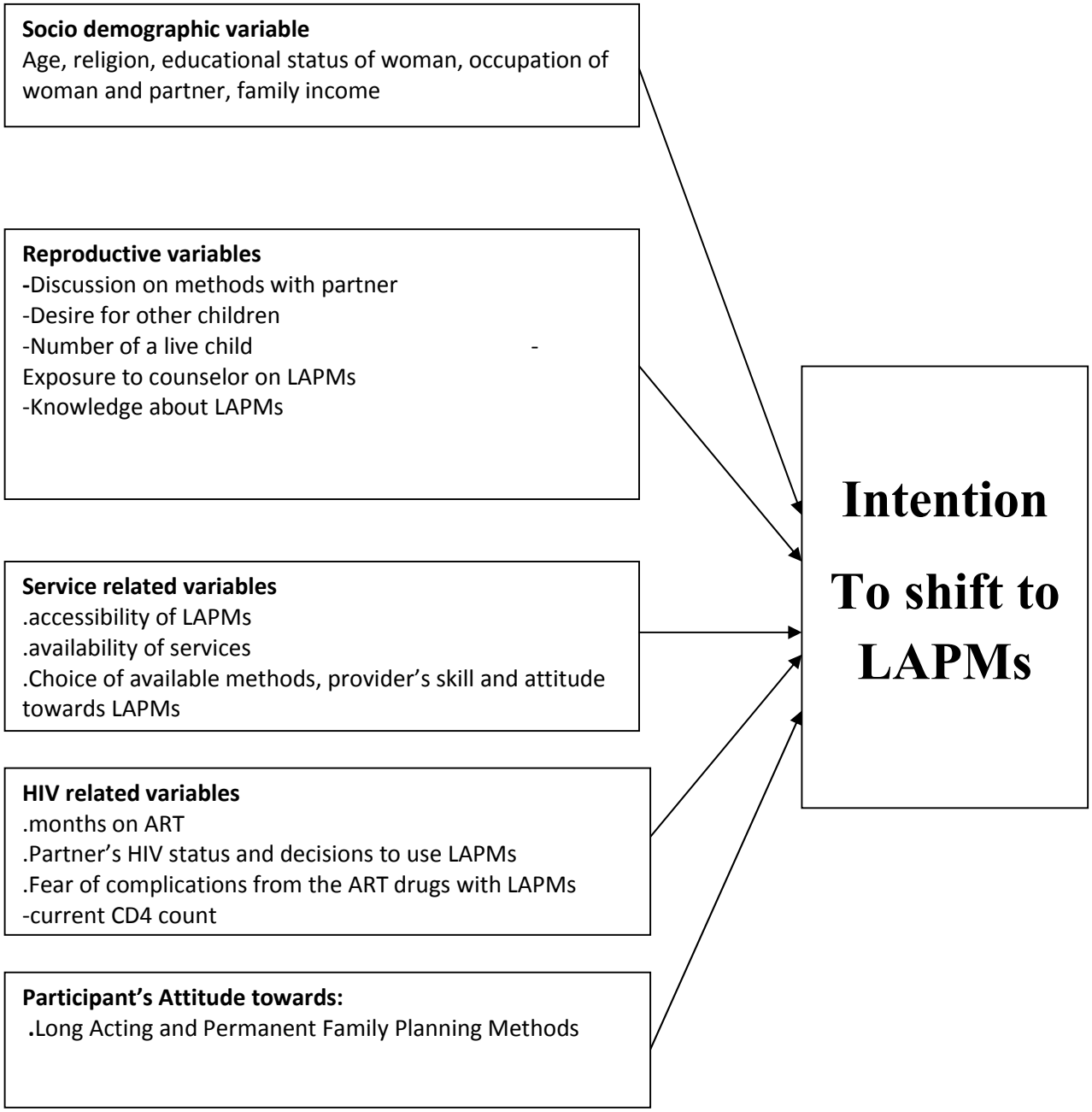

Figure 1: Conceptual Frame work on intention of HIV positive women to use LAPMS, Addis Ababa, Ethiopia, 2013. (Adapted with some modifications from Alem G/Mariam, 2012)

3. Objectives

General objective

To assess magnitude and factors affecting the intention of women who are on ART to use long acting and permanent family planning methods in Addis Ababa.

Specific objectives

1. To measure the magnitude of women's intention who are on ART to shift to long acting and permanent family planning methods
2. To determine the knowledge and attitude of women who are on ART towards long acting and permanent family planning methods
3. To identify factors affecting women who are on ART to shift to long acting and permanent family planning methods

4. Methods

4.1. Study area and period

The study was conducted in Addis Ababa a capital of Ethiopia. Addis Ababa having three levels of administration: city government at the top, 10 Sub city administrations in the middle and 116 Woreda administrations at the bottom. According to CSA estimate for 1 July 2012, Addis Ababa has a population size of over 3 million (3,040,740) with annual growth rate of 2.1(36). In the city there are 47 hospitals (12 public, 33 private and 1 defense and 1 police), and 32 public health centers. Out of the 12 public hospitals, six are owned by Addis Ababa Regional Health Bureau (AARHB), four specialized Federal hospitals (Alert, Black lion, Amanuel and St.Paulos hospital). Furthermore there are two hospitals, three health centers, and 31 different level clinics established by non-Governmental Organizations (NGOs). The city also has 33 private hospitals and more than 700 different level private clinics. Family planning services, HCT and ART services have been given in almost all public health facilities in the city. These facilities are offering both ART and family planning services and are equipped with the necessary equipment and staffing to offer LAPMs services. The study was conducted from July 2013 to - August 2013.

4.2. Study design

The study used quantitative study method in the form of facility based cross sectional survey complemented by a qualitative method to explore data not addressed by the quantitative method.

4.3. The Source population:

Comprised of all HIV positive women in the reproductive age group (15-49 years) in ART units of five governmental hospitals in Addis Ababa during the study period.

4.4. The Study population:

HIV positive women in the reproductive age group (15-49years) who fulfill the inclusion criteria were included as a study population. Representativness of the study population was maintained by selecting randomly five hospitals in Addis Ababa. Thenafter, participants were selected with systematic randome sampling from each ART units of respective hospitals.

Inclusion criteria

- Women who were on ART in the reproductive age group (15-49years) who had the initiation of the ART treatment
- Women who were using short acting family planning methods.

Exclusion criteria

- Women living with HIV using short acting family planning methods, who were severely ill, unable to speak or hear or mentaly ill.

4.4. Sample Size Calculation

The quantitative method was determined by using a formula for single population proportion considering the assumption that 50% of HIV positive women had an intention to use LAPMs with 5% margin of error and 95% confidence level(α=0.05).

Based on this assumption the actual sample size for the study was:

$$n = \frac{(Z\,\alpha/2)^2\,(P)\,(1-P)}{d^2}$$

Where; **n**= the required sample size

P=assumed proportion of LAPMs needs

Z=standard score corresponding to 95%CI

Zα/2 = the value of **Z** in a standard normal distribution

Corresponding to a alpha level of 0.05 which is equal to 1.96

d = the Margin of error between the sample and the population (0.05)

n=384

The required sample size using single population proportion was 384.

A 1.5 design effect was used. The desire sample size was 384*1.5=576**.**

To compensate the non-response rate with unseen reasons, 10% of the determined sample was added up on, and 633 women were sampled.

For the qualitative data collection, in-depth interview with open ended semi-structured interviewer guide was used. This in-depth interview was designed to address information that was not captured by the quantitative method. Participants of the qualitative interview were different from those who were included in the quantitative data collection but were

from the same hospital. This was conducted on five clients and two counslors working in the ART clinic from the same hospital who were not recruited as data collectors.

4.5. Sampling procedure

First, among the ten hospitals that had client flow, five of them were randomly selected. Secondly, from each ARV units of the five hospitals eligible participants were selected by systematic random sampling (SRS) method. Client's registration book showed that Zewuditu, Ghandi memorial, Yekatit 12, Menilik II and Ras Desta Damitew hospitals respectively had a total of 800, 400, 400, 700, and 400 women respectively who were active visitors. The expected total number of women coming for the ART follow up within a month prior to data collection in the five facilities was 2700. The total number (2700) divided by the total sample size (633). With this proportional to the unit's client size was maintained. Finally, every 4th woman waiting for ART was selected for the interview (Figure 2). For the in-depth interview, simple random sampling procedure was employed(8).To select seven respondents comprising of five HIV positive women and two health Professionals working in the ART care and service unit.

Sampling procedure

- From all HIV Positive Women who were on ART follow up units in Addis Ababa
- Fife (5) Public Hospitals of ARV Treatment Units were selected randomly
- Zewuditu Memorial ART Unit ----------190
- Ghandi M. ART unit ----------95
- Yekatit 12 ART unit ----------95
- Minilik II ART unit ----------158
- Ras Desta M. ART unit ----------95

Total 633 were selected

- Proportion to unit client was maintained
- Systematic Random sampling was used
- Every 4th woman was selected

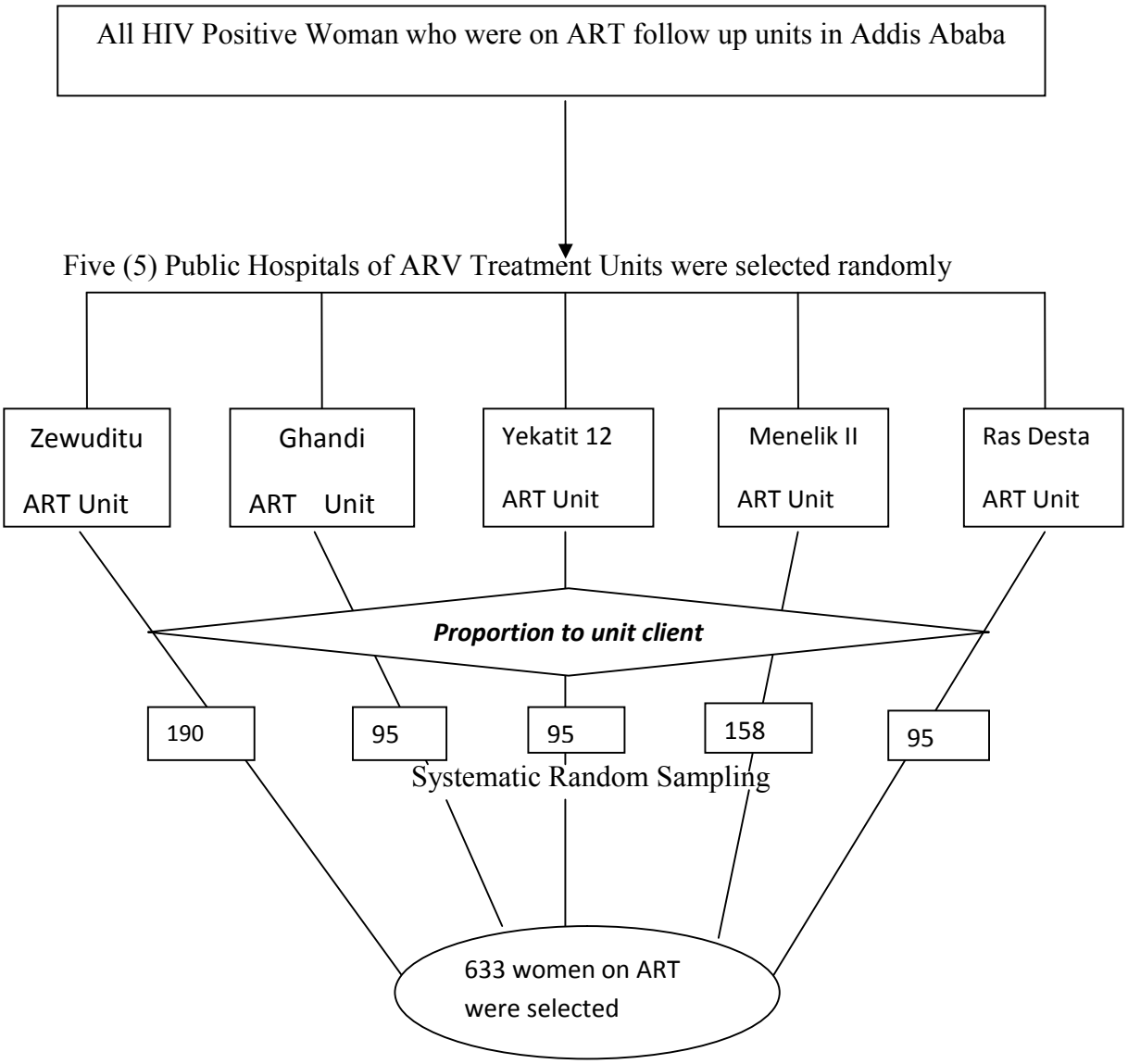

Figure 2: Schematic presentation of the sampling procedureto select the study participants, Addis Ababa, Ethiopia, 2013

4.6. Data Collection Procedures

4.6.1 Data Collection Instruments

For the quantitative study structured interviewer administered questionnaire was developed to assess the magnitude and factors affecting the intention of HIV positive women to use LAPMs.

Data collection tool included information on socio-demographic and economic variables, reproductive history, knowledge, future intention to use LAPMs, practice of LAPMs and women's exposure to LAPM counseling and other family planning questions. The questionnaire was adapted from previous studies considering the local situation of the study area (6, 28, 37). Questionnaire wasere prepared first in English and then translated to Amharic language. To check whether the translation was consistent with the English version the questionnaire was back translated to English by another language expert.

For the qualitative data collection in-depth interview with open ended semi-structured interviewer guide was used.

4.6.2 Personnel

Five counselors working in the respective hospital's ART units were recruited as data collectors. All of them were Bachelors of Sciences inNursing. Data collectors were trained for two days by the principal investigator on the objectives, relevance of the study and on interview techniques, on how to use the tool and how to keep confidentiality and the rights of respondents not to participate in interview.

4.7. Variables of the Study

4.7.1. Dependent Variable /Outcome

Intention of HIV positive women to shift to any one of the LAPMs

4.7.2. Independent Variables

Socio demographic characteristics: age, educational status, marital status; religion, Occupation, ethnicity, family income

HIV related variables: current CD4 count, months since on ART, partner's HIV status

Parity variables: number of pregnancies (unintended and intended)**,** number of live child (ren)

Family planning variables: counseled by a counselor before use, use of family planning since learn on HIV, sources of family planning methods

Related to the services: characteristics of the methods like inaccessibility of LAPMs,

Fear and belief of side effects from LAPMs: exposure to counseling on LAPMs, knowledge about it, attitude of the health care providers towards LAPMs, personal risk perception to get pregnancy, previous exposure to LAPMs, fear of previous side effects from LAPMs, rumors/gossips on modern contraceptives

Availability and accessibility: most frequent available short acting methods, inaccessible / unavailable LAPMs

4.8. Operational Definitions

- ***Attitude towards LAPMs*****:** The inclination of HIV positive women who were using short acting family planning method to shift or not to LAPMs in the future ranging with Likart's five scales from strongly agree (level 5) through strongly disagree (level 1)
- ***Fertility intention***: HIV positive women who had a desire to have at least one child in the future
- ***High knowledge about LAPMs:*** women who scored 10 or more than 10 were leveled as having high knowledge.
- ***Intention to use long acting and permanent methods:*** those women who were currently using short acting methods but had desire and ability to shift to LAPMs in non-interfering environmental
- ***Knowledge about LAPMs-*** a woman on ART who knew at least one of the LAPMs
- ***Less knowledge***: women from measures of knowledge scores below the median (<5)was leveled as 'less knowlegeable'
- ***Long acting Methods*****:** birth control methods that provided effective contraception up to 5 years for implants, and up to 12 years for IUDs
- ***Moderate knowledge:*** those who scored 5-10 were leveled as 'Moderate knowledge'

- ***Mother Support Group*:** Woman who is not a counselor neither professional plays a role in liazoning clients with counselors, client with client and link clients with ART unit from other health service units in the hospital.
- ***Negative Attitude towards LAPMs***- those who scored the mean or below mean to attitude items.
- ***Permanent methods:*** were female and male sterilization.
- ***Positive Attitude towards LAPMs***- those who scored above the mean on attitude items
- ***Women with ART follow up care***- Women (15-49 years) who had initiated to ART treatment and had more than one visit

Measurements:

i. *Measurement of knowledge: number of correct answers to 19 items on Knowledge with a minimum score of 0 and maximum of 19. From this the median was computed and it was equal to 5 for these items.*

ii. *Items on attitude of married women about the use of LAPM were grouped in to three as follows: "agree /strongly agrees" were labeled as "agree" and "disagree/ strongly disagree" as "disagree", while "neutral" was categorized as it is.* From this classification the descriptive data were made.

4.9. Data Quality Management

To ensure the quality of the data, first the data collection tool was pretested in a hospital which was not included in the study hospitals before the main study was launched. Based on the findings from the pre testing the questionnaire was modified. The interview was conducted in a separate room in the ART clinic (a place where the woman feels free to express her feelings and ideas, this was to keep privacy. On a daily basis the questionnaire was checked for completeness. The principal investigator was responsible for the suppervision, given training, checking the activities with the plan; follow the consistency of the data.

4.10. Data Analysis Procedure

Data were coded and entered with EPI-INFO vertion 3.5 statistical software and was exported to SPSS statistics 20. Data further were cleaned, and recoded with this software

and ready for statistical analysis. Descriptive statistics was made and result was presented in tables, and graphs. Summerised measures like percentages, median and mean were computed.

Logistic regression model was used to identify the relative important of each predictor to the dependent variables by controlling for the effect of other variables (confounders). Initially, each independent variable was tested with intention to shift LAPMs through a bivariable analysis to see the crude form of association followed by a multivariable logistic regression analysis to produe an adjusted odds ratio by controlling the effects of other variables.

This means crude Odds ratio was calculated for each independent variable. The bivariant analysis was used to determine presence of statistical significant association between explanatory variable and the outcome variable. All explanatory variables that associated with the out come variable (intention to shift to LAPMs) in bivariable analysis were included in the initial logistic model.
Chi square test was also used by using the contingency table to see the relation ship between catagorical variables of social classes like: age group, occupation, educational status, and marital status, time since on ART, respondents' level of knowledge and attitude towards LAPMs with their intention to shift to LAPMS.

For the qualitative data the Amharic interview was rerecorded in a recorder and the recorded information was transcribed in to Amharic written form word by word as described by the interviewee and then the conversation was translated in to English language and analised manualy. Thematic areas were selected and the whole data was read many times and similar or repeated ideas were categorized under the same thematic area. Quotes that best described the various catagories and expressed what was said frequently in several groups were choosen. Finally, the findings which were not addressed by the quantitative data were triangulated with the quantitative eresults to answer research question during the write up period.

4.11. Ethical Consideration

Ethical clearance was obtained from the Research and Ethics committee (REC) of the School of Public Health; Addis Ababa Health Bureau Research and Ethical committee also approved. The second written ethical clearance was obtained from the Health bureau and permission was obtained from respected hospitals. Finally the hospital administrator sent permission letter to respective ART units.

The objectives of the study were explained to study participants and written informed consent was obtained from all HIV positive women participating in the study. Interviews with the women were made at the most private and confidential manner in a single room. Moreover, womens' name was not written on the questionnaire, instead code was used. There was no posted risk by the study to the participants. Participation was on volunteer basis and they could withdraw from the interview at any time with out explanation or loose of services. Confidentiality was assured and no personal details was recorded or produced on any documentation relted to the study.

4.12. Dissemination of Results

The findings of the study will be primary presented to the School of Public Health, College of Health Sciences, and Addis Ababa Regional Health Bureau. Besides, a copy of the research findings will be given for St.Lideta health Sciences College from which financial assitant was obtained and other responsible bodies. It will be also dissiminated to different organizations that are working to improve utilization of LAPMs by HIV positive women. Efferts will also be made to publish in scientific health journals and present in various seminars and work shopes

5. RESULTS

Quantitative study

Socio-demographic characteristics of the study population

Six hundred thirty three clients agreed to participate in the study making a response of 100%. One hundred eighty seven (29.5%) of the respondents were in the age group of 20-24, nearly equivalent respondents were in the age group 25-29 (29.1%) The mean age of the respondents was 31.8±5.5; the majority of the respondents 436 (68.9%) were Orthodox by religion. Two hundred eighty three (44.7%) were from the Amhara ethnicity followed by Oromos 167(26.4%). Majority of the respondents 94% have attended formal education, of these, 288 (45.5%) had college/university level education.

Marital status revealed 476(75.2%) were married while 37(5.8%) were divorced or separated, 91(14.4%) were never married and 29(4.6%) were widowed. Two hundred five (32.4%) of the study participants were house wives, 150 (23.7%) were government employees while 8(1.3%) were commercial sex workers.

Concerning to the partners' occupation, one hundred fifty nine (25.1%) of the partners were government employed, one hundred sixty nine (26.7%) were private owned where as seven (1.1%) were jobless (Table1).

Table 1: Sociodemographic characteristics of women attending ART services and care units in Addis Ababa, Ethiopia, December, 2013

Characteristics	Number	Percent
Age(years)	**n=633**	
15-19	47	7.4
20-24	187	29.5
25-29	184	29.1
30-34	149	23.5
35-39	57	9
40-44	7	1.1
45-49	2	0.3
Mean ± SD	31.8 ± 5.5	
Ethnicity	**n=633**	44.7
Amhara	283	26.4
Oromo	167	17.7
Tigrie	112	9.3
Guragie	59	1.9
Other ethnic groups*	12	
Religion	**n=633**	
Orthodox	436	68.9
Muslim	79	12.5
Catholic and protestant	118	18.6
Educational status	**n=633**	
Read and write	37	5.8
Primary(1-8)	113	17.9
Secondary (9-10)	164	25.9
College/University	288	45.5
Illiterate	31	4.9
Married Status	**n=633**	
Never married	91	14.4
Married	485	75.8
Separated/divorced	37	5.8
Widowed	20	4.0

Occupation	**n=633**	
House wife	205	32.4
Governmentemployee	150	23.7
Private employee	136	21.5
Student	14	2.2
Daily labourer	79	12.5
Commercial sex-worker and others**	13	2.1
Partners' occupation	**n=485**	
Government employee	169	27.1
Private employee	179	28.7
Merchant	74	13.7
Daily labouror	36	5.1
Unemployed	7	1.1
Others ***	16	2.5

*- *Somali ,Afar, Hadya, Siltie*

**- *beggar , house maid , idle*

***- *beggar , driver, retired, farmer own job, NGO employed*

Reproductive health characteristics of the study population

Of the total participants, 414 (65.4%) of respondents had one or two children, 130 (20.5%) had no children where as 89 (14.1%) of them had three to five children. Three hundred sixty two respondents did not desire a child(children) in the future, 253 (40%) respondents wanted to have a child /children in future, where as eighteen (2.8%) of them did not know whether to have a child or not in future. Of those who mentioned their desire for a child, half (19.7%) of them did not know when to have a child, 77 (12.2%) study subjects desired to have a child after two years, while 56 (8.8%) of respondents desired to have a child with in 2 years (Table 2).

Table 2: Reproductive health characteristics of women attended ARTservices and care units in Addis Ababa, December, 2013

Characteristics	Number n=633	Percent
Number of Children a woman had		
0	130	20.5
1-2	414	65.4
3-5	89	14.1
Desire to have a child		
Yes	253	40
No	362	57.2
did not know	18	2.8
Wanted a child in the future		
Within 2yrears	56	8.8
After 2 years	77	12.2
Did not know	125	19.7

Women who were using different short acting family planning methods at the time of survey

Two hundred eighty nine (45.7%) respondents participated in the study ever discussed about family planning methods with their partners. Both partner and respondent 259 (40.9%) decided on the method used, 23 (3.6%) respondents decisions on family planning methods made by their partners, 17(2.7%) respondents decisions made by users, while 9 (1.4%) claimed that decisions were left to their God. Concerning to current use of short acting family planning methods,all of the respondents were using one of the short acting methods and three hundred eighteen(50.2%) respondents were using condom as a contraceptive, followed by injectable methods 206 (32.5%) and oral contraceptive 95(15%) and only 1(0.2%) respondent was using withdrawal as a method. Source of family planning methods were pharmacies in 239 (37.8%), followed by Health Center 209 (33%) and NGO clinics in 9 (1.4%) of the cases. One hundred twenty six (19.9%) respondents were using dual method condomand injectable where as 66(10.4%) were using oral pills in addition to a condom (Table 3).

Table 3: Short acting contraceptive methods which were used by respondents at the time of survey in the ART units Addis Ababa, December 2013

Characteristics	Number n=633	Percent
Discussed about FP with Partner	289	45.7
Yes	204	32.3
No		
Decider on method used	**n=308**	
Partner	23	3.6
Wife	17	2.7
Both	259	40.9
God knows	9	1.4
Types of FP methods used	**n=633**	
Oral pills	95	15
Inject able	206	32.5
Condom	318	50.2
Rhythm	13	2.1
Withdrawal	1	0.2
Sources of current method		
Pharmacy	239	37.8
Health Center FP unit	209	33
ART unit	174	27.5
FGAE	60	9.5
Hospital FP Unit	19	3
Private clinic	15	2.4
Other Sources	11	1.7
NGO	9	1.4
Dual method used	**n=195**	
Injectable & condom	126	19.9
OCP& condom	66	10.4
Others*	3	0.5

*- *condom with Rhythm method*

Few of respondents got the information from, ART counselors, husband, and mother support group. Concerning to the knowledge about LAPMs(IUD, implant, female and male sterilization),IUD was known by 89.6%,respondents followed by implants 76.1%, female and male sterilization were known by 20.9%, 7.7%, respondents respectively. Where as, few of them 0.5% respondents did not know any of these methods.

Five hundred (79%) of respondents knew that IUDs could prevent pregnancy for many years usually greater than ten years, 343 (54.2%) and 318 (50.2%), reported that IUD is not interfere with intercourse and they reported that IUD is immediately reversible on removal, while 232 (36.7%), 198 (31.3%),reported that it is not good for woman with genital ulcer , as it has no any reaction with the ART drugs and 2 (0.3%) respondents reported as they had no any knowledge about IUD.

While participants' knowledge on implants was as well assessed and 399 (63%) claimed, implants are long term family planning methods (protect for 1-5years), 198 (31.3%), 183 (28.9%) and 3 (0.5%) of respondents reported that implant had these features i.e., reversible on removal, very effective,and few of them reported even if the insertion is simple providers are not volunteer to removal it respectively.

Respondents knew some of the features of female sterilization (tuba ligation), as a result 100 (15.8%) reported that it is permanent and pregnancy is not possible once the uterus is locked. While few of them 37 (5.8%) knew that it requires counseling and informed consent before the surgical procedure.

At last their awareness about vasectomy was also showed in such a way that in fact few 28 (4.4) respondents reported that vasectomy causes cessation of sperm production and infertility i.e. as it is permanent, sperm secretion will stop once got the surgery. Very few of them 17 (2.7%) said that they knew the method requires male counseling and informed consent which is equal with has aware with the procedure requires safe and permanent surgical procedure.

While we see the computed knowledge of LAMPs, which was categorized in to three equal variables (thirsas classification), more than quarter of respondents (28.3%) had less knowledge, where as 33.3% of them had moderate knowledge, and relatively more women 243(38.4%) had high level of knowledge (Table 4)

Table 4: Knowledge of HIV positive women about long acting and permanent family planning methods, Addis Ababa, December, 2013.

Characteristics	Number n=633	Percent
Ever heard about LAPMs		
Yes	600	94.8
No	33	5.2
Source of Information on LAPMs#	**n=600**	
.Mass media	482	76.2
-Health personnel	270	42.7
-Friends	5	32.4
- Family planning	109	17.2
-counselors	95	15
.Neighbors	39	6.2
.ART counselors	21	3.3
.Husband	17	2.7
.Mother support - group	7	1.1
-Others*		
Methods of LAPM Know#		
IUDs	567	89.6
Implants	482	76.1
Female-sterilization	132	20.9
Male sterilization	49	7.7
Did not any of LAPMs	3	0.5
Level of knowledge on LAPMs	**n=633**	
Less knowledge	243	38.4
Moderateknowledge	211	33.3
High knowledge	179	28.3

Known features of specific characteristics of LAPMs	Number (percent)
Known features of IUDs #	
1.It can prevent pregnancy for >10 years	500 (79%)
2.No interference with intercourse	343 (54.2%)
3.Immediately reversible	318 (50.2%)
4. Not good for those with genital Ulcer.	232 (36.7%)
5.Has no any reaction with the ART	198 (31.3%)
6.It is very effective	125 (19.7%)
Known (mentioned)features of Implants #	
1.It is long term (used for 1-5years)	399 (63%)
2.Reversible on removal	198 (31.3%)
3.It is very effective	183 (28.9%)
4.No interference with daily activities	149 (23.5%)
5.Insertion and removal require minor surgery	131 (20.7%)
6.Has no any reaction with the ART	28 (4.4%)
7.Increases abnormal Uterine bleeding	10 (1.6%)
8.Causes arm pain	15 (2.4%)
9.Even if insertion is simple, personnel are not volunteer to removal it	3 (0.5%)
Known (mentioned) characteristics of Female sterilization #	
1.It is permanent ; pregnancy is not possible	100 (15.8%)
2.Requires safe and minor surgical procedure	85 (13.4%)
3.Didn't require repeated clinic visit	51 (8.1%)
4.Requires counseling and informed consent	37 (5.8%)
Known (mentioned) characteristics of vasectomy#	
1.Sperm production ceases and no fertilization	28 (4.4)
2.No interference on sexual performance and sensation	24 (3.8%)
3.Requires safe and permanent surgical procedure	17(2.7%)
4.Requires male counseling and informed consent	17 (2.7%)

#- variables can not be add up to 100%, due to multiple responses

- Organization, Family, Health Extension Workers, read from books

Attitude on LAPMs among the study participants

With regard to attitude of study participants on LAMPs, 43.7% and 86.1% HIV positive women agreed that LAPMs prevent maternal morbidity and mortality during antenatal, intrapartum and post partum periods and LAPMs are accessed and used at health institutions with competent and trust providers respectively. Nearly three fourth (71.4%) of the HIV positive women agreed that family planning providers were trusted and kept confidentiality of their clients. Slightly less than quarter (14.4%) agreed that implants cause severe arm pain at insertion and removal. 18(2.9%) agreed that use of IUDs can cause sexual dysfunction especially for HIV positive women. 9.3% showed their attitude in that undergoing operation for female sterilization is not acceptable especially for women with HIV and because of the possible reaction with ART drugs 70(11.0%) agreed that LAPMs are not good for women who are on ART.

Concerning to the level of attitudes, half (50.1%) of women on ART had negative attitude towards practicing of LAPM which is more or less equal to their counters ,i.e. positive attitude (49.9%) (Table5).

Table 5: Attitude of HIV positive women about long acting and permanent family planning methods, Addis Ababa, December, 2013.

Characteristics	Disagree	Indifferent	Agree
LAPMs are accessed and used at health institutions with competent and trust providers	41(6.4)	47(7.4)	545(86.1)
LAPMS prevent Maternal morbidity and mortality during antenatal, intrapartum and post partum periods	289(45.7%)	67(10.6%)	277(43.7%)
Providers were trusted and kept confidentiality of clients	61(9.6%)	57(9.0%)	515(71.4%)
Implants cause severe arm pain at insertion and removal from under the skin	334(52.8)	208(32.9%)	91(14.4%)
Use of IUDs can cause sexual dysfunction especially for HIV positive women	483(76.3%)	132(20.9%)	18(2.9%)
undergoing operation for female sterilization is not acceptable especially for women with HIV	280(44.2%)	294(46.4%)	59(9.3%)
Because of the possible reaction with ART drugs LAPMs are not good for women who are on ART	401(61.7%)	172(27.2%)	70(11.0%)

Categorized Level of Attitude

Variable	n=633	Percent
Positive Attitude	317	50.1
Negative Attitude	316	49.9

HIV related characteristics of women living with HIV in ART units

Three hundred (47.4%) respondents had been on ART for 36-72months; 203(32.1%) had stayed for less than 36months, while 130(20.5%) stayed for 72 or more months since beginning their ART treatment. The median duration since the beginning of ART was 48 months.

The current CD4 count reported was $\geq$ 400 cells/mm3 for three hundred thirty seven (53.2%) respondents, next to this 141(22.3%) of the participants reported that their CD4 count was less than 300cells/mm3.While 132 (20.9%) were with CD4 count between 300 and 400cells/mm3.

A total of four hundred fifty two (71.4%) of women in the study stated that their partners got HIV test, 14(2.2%) of their partners were not tested; among whom 3% explained that they don't know whether their partners were tested or not. Three hundred ninety-seven (62.7%) of study participants whose partners got tested had concordant HIV test results, while 51 (8.1%) had discordant results where as5.8% of respondents either did not know or did not have response on the HIV status of their partner (Table 6).

Table 6: HIV related characteristics of women living with HIV in ART units Addis Ababa, December 2013

Variables	Frequency	Percent
Duration of ART attendance (months)	**n=633**	
<36	203	32.1
36-72	300	47.4
>72	130	20.5
Mean ±SD	50.8±33.9	
Recent CD4 count (cells/mm^3) *	**n=633**	
<300	141	22.3
300	8	1.3
301-400	132	20.9
>400	337	53.2
Partner get tested	**n=485**	
Yes	452	71.4
No	14	2.2
Did not know	19	3
Paetner's HIV status	**n=485**	
Positive	397	62.7
Negative	51	8.1
Did not know/No response given	37	5.8

** -classification of CD4 count was made based on the current WHO classification: CD4 <400 is the cut off for ART therapy.*

Participants' response on possible reactions from The most common possible reaction from ART drugs with IUDs or implants mentioned by the participants of this study were excessive vaginal bleeding, pelvic pain, family planning method failure by ART drugs, decreased potency of Implants and t13(2.1%),12(1.1%),7(1.9%), 6(0.9%), 2(0.3%) in their order (Figure 3)

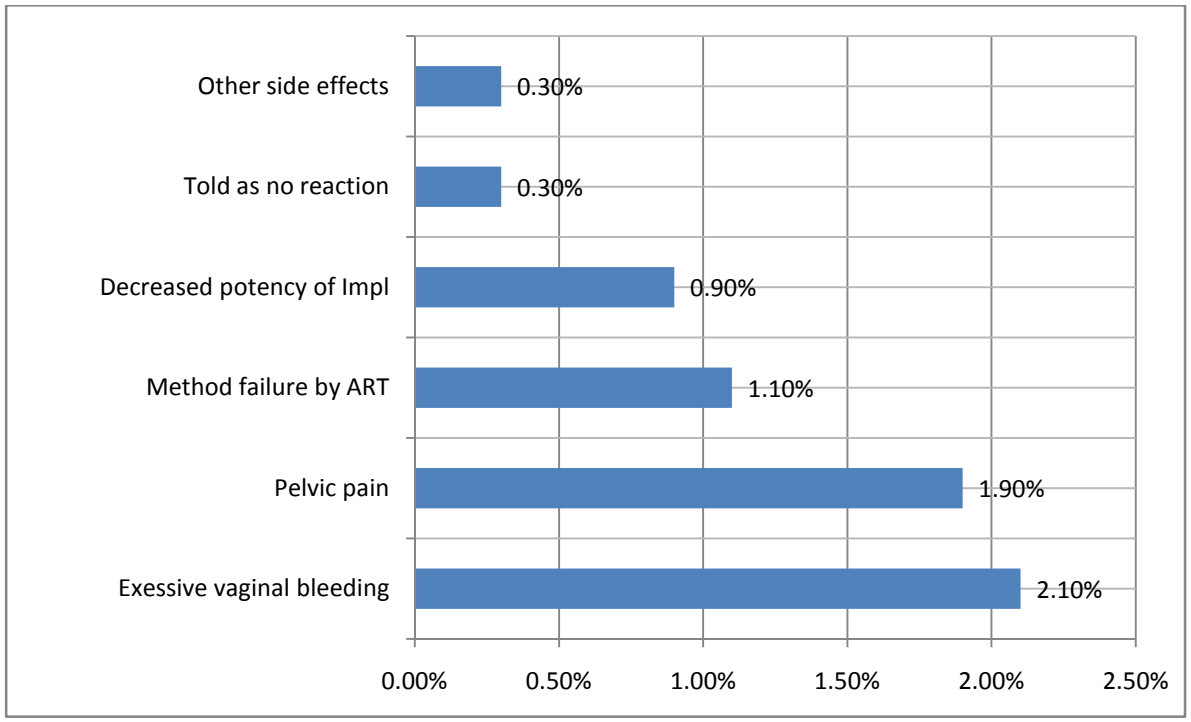

Figure 3: Possible reactions from among HIV positive woman in the AR

Intention to shift to Long Acting and Permanent Family planning Methods

From the total study participants 244(38.5%) had an intention to shift where as 389 (61.5%) of participants had not an intention to shift to LAPMs in the future.
Among those who planned to shift ,one hundred twenty one (19.1%) respondents had a desire to shift to implants followed by IUD 110(17.4%), where as female and male sterilization were planned to shift by few of them1.10% and 0.32% respectively. Four (0.63%) participants did not know which LAPMs to shift to. Many of them187 (29.5%) desired to shift with in 12weeks, while 21(3.3%) participants planned within 13 - 24weeks, whereas 14(2.2%) did not know when to shift to LAPMs.

Concerning to the reasons for not to shift to LAPMs: majority 150(23.7%) of them reasoned that current method is safer, 133(21%) claimed they want to have a child soon, while 10.4%, of respondents claimed for fear of ART drug reaction with LAPMs, and few of them 0.6%reported because of unavailability of LAPMs respectively. From other respondents a client said that she would shift if got injection for 10 years (Table 7).

Table 7: Intention and reasons not to shift to long acting and permanent family planning methods among women in the ART units Addis Ababa, 2013

Variables	Frequency	Percent
Intention to shift to LAPMs		
Yes	244	38.5
No	389	61.5
Type of LAPM preferred in the future	**n=244**	
.Implants	121	19.11
.IUD	110	17.38
.Tuba ligation	7	1.1
.Vasectomy	2	0.32
.Did not know	4	0.63
Expected period to shift		
.With in 12 weeks	187	29.5
.13-24weeks	22	3.5
.After 25 weeks	21	3.3
.Did not know	14	2.2
Reasons not to shift #		
.Current method was Safer	150	23.7
.Wanted to have child soon	133	21
.Fear of ART drug reaction with LAPMs	66	10.4
.Fear of Side effects of LAPMs	58	9.2
.Fear of infertility	26	4.1
.Husband disapproval	16	2.5
.Lack of awareness about LAPMs	10	1.6
.LAPMs affect daily activities	5	0.8
.Unavailability of LAPMs	4	0.6
.Didn't know	15	2.4
.Others*	17	2.7

 # Variables can not be add up to 100%, because multiple responses

**forbidden by religion, condom is enough to prevent pregnancy, age > 40's, infrequent sexual intercourse; I will shift if I get injection for 10 years.*

Factors affecting Intention to shift to LAPMs among the study population

In order to assess statistical association between intention to shift to LAPMs and explanatory variables, variables like: age, marital status, educational level, religion, occupation, income of the family, number of children and other variables: currently used family planning method, CD4 count, duration on ART, and ever heard about LAPMs were tested with binary logistic regression. Married women, being a house wife and an employed woman, women who had 1-2 children and 3-5 children, and women who ever heard about LAPMs were found to be significant and negatively associated with intention to shift to LAPMs in other words women with the above mentioned characteristics were less likely to intend to LAPMs. Whereas elder respondents above the age of 32years and those with educated post secondary level were found to be significant and positively associated with intention to shift to LAPMs with 95% CI 1.43(1.03-1.99) Variables including age, religion, family income, recent CD4 count, duration on ART did not have significant associations with intention to shift to LAPMs HIV positive women who were on ART treatment, care and service. By taking less knowledge as a reference, women with high knowledge about LAPMs, were found to be significant and positively associated with intention to shift to LAPMs i.e. women with high level of knowledge were 1.5 times more likely to intend to shift, while those with moderate level of knowledge had no any association. Concurrently, attitude of women towards LAPMs was treated with this model, hence those who has positive attitude towards LAPMs has significant and positively associated with intention to shift to LAPMs (Table 8)

Table 8: Factors affecting intention to shift to LAPMs among HIV positive women on the ART unit, Addis Ababa, 2013

Variables	Intention to shift to LAPMs		COR (95%CI)
	Yes	No	
	N^{O} (%)	N^{O} (%)	
Age (years)			
<32	157 (42%)	217 (58%)	1
>32	87 (33.6%)	172 (66.4%)	**1.43(1.03-1.99)**
Marital status			
.Married	204 (42.9%)	272 (57.1%)	**0.46(0.31-0.68)**
.Others	40 (25.5%)	117 (74.5%)	**1**
Religion			
Orthodox	175 (40.1%)	261 (59.9%)	0.68(0.44-1.05)
Muslim	32 (40.5%)	47 (59.5%)	0.67(0.37-1.22)
Catholic and protestants	37 (31.4%)	81 (68.6%)	1
Educational level			
Illiterate/Read & Write	23 (33.8%)	45 (66.2%)	1
Primary/Secondary	114 (41.2%)	163 (59.1%)	1.53(0.92-2.56)
Post Secondary	107 (37.2%)	181 (62.8%)	**1.52(1.06-2.23)**
Occupation			
House wife	114 (55.6%)	91 (44.4%)	**0.59(0.41-0.86)**
Employed	64 (36.7%)	86 (63.3%)	**0.633(0.42-0.95)**
All others	89 (24.6%)	189 (75.4%)	**1**
Family Income (ETB)			
Less than 1000	139 (38.8%)	219 (61.2%)	0.32(0.07-1.46)
100-5000	103 (39.2%)	160 (60.8%)	0.31(0.07-1.45)
>=5000	2 (16.7%)	10 (83.3%)	1

Number of children			
0	16 (12.3%)	114 (87.7%)	1
1-2	176(42.5%)	238(57.5%)	**0.19(0.11-0.33)**
3-5	52(58.4%)	37(41.6%)	**0.10(0.05-0.20)**
Recent CD4 (cells/mm^3)			
<400	112 (38.8%)	177 (61.2%)	0.98(0.71-1.36)
>=400	132 (38.4%)	212 (61.6%)	1
Months on ART (months)			
<36	72 (30%)	130 (70%)	1.20(0.85-1.70)
>=36	172 (42.5%)	259 (57.5%)	**1**
Ever Heard about LAPMs			
Yes	**237 (**39.5%**)**	363 (60.5%)	**0.41(0.18-0.97)**
No	**7 (**21.2%**)**	26 (78.8%)	**1**
Level of knowledge on LAPMs			
Less knowledge	147 (35%)	273 (65%)	1
Moderate	93 (49.5)	95 (50.5%)	0.98(0.67-1.42)
High knowledge	4 (16%)	21 (84%)	**1.54(1.02-2.31)**
Attitude of women to LAPMs			
Negative Attitude	101 (32%)	215 (68%)	**1**
Positive Attitude	143 (45.1%)	174 (54.9%)	**1.75(1.27-2.42)**

Multivariate analysis for Association of intention to shift to LAPMs and attitude, knowledge and other related factors of HIV positive women of Addis Ababa.

Those variables which were statistically significant in the crude analysis were further taken to a multivariable logistic regression model to determine independent predictors of intention to shift to LAPMs. As a result, taking illiteracy as a reference category, education was found to be a predictor of intention to shift to LAPMs, (AOR=1.59, 95% CI: 1.07-2.36). Women who had post secondary education were more likely to intend to shift to LAPMs. Compared to women who had no child those who had one to two child (children) were found to be predictor of intention to shift to LAPMs, (AOR=0.22, 95% CI:0.12-0.39), HIV positive women who had one to two children had about 78% less likely to have intention to shift to LAPMs, similarly women with three or more children were found to have decreased (about 88%) odds of intention to shift (AOR= 0.12, 95%, CI: 0.06-0.24). Women who had high level of knowledge found to have 1.68 times more likely to shift to LAPMs, (AOR=1.68, 95% CI: 1.09-2.60) compared to those with less knowledge. However, women who had moderate knowledge had no any association.Concerning attitude of HIV positive women, taking negative attitude as a reference category, women with positive attitude found to have 1.66 times more likely to shift to LAPMs, (AOR=1.66, 95% CI: 1.18-2.34) Statistically significant association was not seen between age, marital status, occupation, ever heard about LAPMs and intention to shift to LAPMs (Table 9).

TABLE 9: ASSOCIATION OF INTENTION TO SHIFT TO LAPMS AND SOCIO-DEMOGRAPHY CHARACTERISTICS AND OTHER RELATED FACTORS OF HIV POSITIVE WOMEN OF ADDIS ABABA, ETHIOPIA, DECEMBER, 2013.

Variables	**Intention to shift to LAPMs**		**AOR (95%CI)**
	Yes (N$^{o.}$)	**No (N^{O}.)**	
Age (years)			
<32	157 (42%)	217 (58%)	1
>=32	87 (33.6%)	172 (66.4%)	1.41(0.99-2.00)
Marital status			
Married	204 (42.9%)	272 (57.1%)	1.42(0.91-2.21)
Never Married/ Divorce/wid/separated	40 (25.5%)	117 (74.5%)	1
Educational level			
Illiterate/Read & Write	23 (33.8%)	45 (66.2%)	1
Primary/Secondary	114 (41.2%)	163 (59.1%)	1.55(0.89-2.67)
Post Secondary	107 (37.2%)	181 (62.8%)	**1.59(1.07-2.36)**
Occupation			
House wife	114 (55.6%)	91 (44.4%)	0.76(0.51-1.14)
Employed	64 (36.7%)	86 (63.3%)	0.75(0.49-1.16)
All others	89 (24.6%)	189 (75.4%)	1
Number of children			
0	16 (12.3%)	114 (87.7%)	**1**
1-2	176(42.5%)	238(57.5%)	**0.22(0.12-0.39)**
3-5	52(58.4%)	37(41.6%)	**0.12(0.06-0.24)**
Ever Heard about LAPMs			
Yes	**237 (**39.5%**)**	363 (60.5%)	1.93(0.78-4.75)
No	**7 (**21.2%**)**	26 (78.8%)	1
Level of knowledge on LAPMs			
Less knowledge	147 (35%)	273 (65%)	1
Moderate	93 (49.5)	95 (50.5%)	1.84(0.80-1.76)
High knowledge	4 (16%)	21 (84%)	**1.68(1.09-2.60)**
Attitude of women to LAPMs			
Negative Attitude	143(45.1%)	174(54.9%)	**1**
Positive Attitude	101(32%)	215 (68%)	**1.66(1.18-2.34)**

2. Qualitative study result

Respondents for the qualitative study were having different socio economic, health background. These women who have participated in the indepth interview were following their ART in the respective hospitals. Regarding the health professionals composition, there were two nurses who were not recruited as data collectors. The interview took 10-17minutes and all were audio taped. The data collected was transcribed to Amharic on daily basis and then translated to English version for further processing.

The Interviewees' age distribution was from 28-45 years of age. Most of them were Amhara and Oromo by ethnicity, orthodox, elementary completed, all of them were married and house wife and had above 2000ETB/month for the family

General knowledge about unwanted pregnancy and family planning methods among HIV positive women

Most of the interviewees agreed that the reason for women on ART to get unwanted pregnancy is lack of knowledge about contraceptives. Some of participants said that:

"most people have a belief that pills must be taken only when they make sexual intercourse because they are afraid of the drug interaction if they keep on taking pill daily."

More over a counselor claimed that the problem had emanated from pressure come from their partners and the other claimed it was from the client themselves they don't use contraceptives.

"…We always give them advices (Counsel them) how to prevent pregnancy. When they go to their partners they try to convince them how to make sexual intercourse, however their partners are not willing to do so and usually got unwanted pregnancy"

The recent family planning method used by HIV positive women

Almost all of the participants including counselors said they use short term contraceptives like pills and Depo-Provera. In most of them were using condoms when they have sexual intercourse to prevent infection and unwanted pregnancy. Some of them said that they prefer short acting contraceptives to long acting ones due to the desire to have children. As one participant said:

"If it is the will of God, one day we may get cured and I may have a desire to have child. So it is not advisable to have tubal-ligation or male sterilization neither".

Some of the participants said that most HIV Positive women prefer to use short acting contraceptives like Pills and Depo-Provera to have a chance to stop them easily when they decide to gave birth a child as they wish. They believe this can't be possible if they use implants or other types of long acting contraceptives.

Counselors are advising clients to take short acting family planning methods, however, their advice on the long term methods depends on the number of children a woman had

"Giving attention depends on the condition of the persons. I mean, if they previously gave birth to a baby, we advise them to use long acting contraceptives, but if they are not yet have children we tell them to use short acting contraceptives. Because having children is every ones right. So choosing them is their own decision."

Counselors' effort on disseminating family Planning Services

Almost all the in-depth interview respondents agreed that health professionals taught them about family planning methods before deciding one of the methods.

"Yes, they have taught us on how these LAPMs are easy to use. That is why I choose the LAPMs IUD to use as a contraceptive in the future."

*(*29, Amhara, Orthodox, 8th grade and married*)*

This also witnessed by the counselors: they usually teach their clients on about all the methods however the way of linkage to family planning was weak or absent. Usually what they faced was lack of training on methods especially LAPMs as claimed by all of the counselors:

"…yes, we are not providing LAPMs to our clients even if they need it; there might be some clients, to tell the truth, we don't have any linkage with the family planning case team after we counsel them. So there can be gaps."

More idea from the other counselor:

"There is no time that we jump mentioning about long term contraceptives…. It is our duty to tell them about everything. Always we advice them to use long term contraceptives because it is important for their economy, especially to keep themselves healthy. As we know pregnancy by itself can affect (lower) immunity even without HIV. So we advise HIV positive women after one or two children to use long term contraceptives."

Knowledge of participants and counselors about LAPMs

Almost all in-depth interview participants know about implants and IUD from long term contraceptive methods. Some of them also know about permanent methods tubal ligation and male sterilization.

Most of the participants believe that long acting contraceptives also cause some problems in the body. One of them said that:

"Regarding IUD, it penetrates and gets inside the body deeper. This is its side effect. People say it gets inside the body penetrating the uterus and someone cannot do every physical activity (movements) freely. One must not carry objects since this activity pushes it inside more. Regarding Implants, I myself know a friend who has it in her arm. She has severe backache and irregular menstruation after the implant. What she always complained was that she has sever backache after the implant. Her menstruation also became irregular and excessive"

Some of the Counselors did not differentiate short acting from LAPMs as they tempted to explain as:

"Out of those which are called long term contraceptives for examples Depo can prevent pregnancy for 3 months. Out of those which are called long term there are Loop, sterilization & implant. Sterilization is for both men and women who don't want to have children in the future. Implants are for 5 years and loop can be useful for 12 years. So we instruct them (counsel them) like this.

Factors affecting the intention of women

Few participants preferred to use short acting contraceptives to long acting ones because they believe that long acting contraceptives have discomfort, infection and excessive vaginal secretion. They are afraid of using the long term family planning methods because of the rumors in their neighborhood as one of participants said:

"I heard that implant has some irritation at the entry site and am afraid of it myself. Besides it needs operation to remove it out. So it is hard to have the operation procedure. Regarding Loop, one must not do hard work since the device may slip to inside the body. I didn't practice it myself but from what people say about it, I am afraid to try it. Regarding Inplanon they said it is painful and deprived one from moving her arm freely. Beside it needs professional to insert it or removes it."

On top of that, counselors explained that most of their clients feared the interactions between ART medications and LAPMs. However, others explained in another way round:

"…you should teach them about everything. Otherwise there are rumors like they (LAPMs) can cause burnet skin over the face (chloasma), sterility, hypertension etc. however, you can tell them the science with the practice and there can be accepting the long term ones."

Versus

"There is no condition that we tell them the contraceptive medication have interaction with ART, since there is no scientific evidence for that. So we don't tell them that, instead we counsel them to use every contraceptive method as their wish. But they may have their own reasons like thinking "the drugs may have interaction with ART or they may be confused of to keep their time of taking medication because of the contraception"

The other concern mentioned by some of counselors were absence of integration and lack of skill to provide long term methods and some of their clients shared their secretes for them, however, when they need long acting contraceptives from the ART unit, counselors send them to family planning unit in the hospital where they thought (exposed) confidentiality may get breached there. This was explained by a counselor as follows:

"Yes…this can happen of course, even though I can't estimate it in number. Most of them are afraid of being exposed. But we send them to the unit even though they wish to have the service here in the ART unit. However we neither have the long term family planning methods nor instruments since we don't give the service in integration. Neither had we had the trainings"

Intention to shift to long acting and permanent contraceptive methods.

Some of the respondents had intention to shift to long acting ones. Because they believe that using long acting contraceptives like Implants and IUCD help them not to forget swallowing daily or go to health institutions frequently.

However, most of the respondents had no intentions to shift, some were afraid of the rumors that there are different health problems after having IUD or implants inside the body. Besides they had fear of exposure their genital organs (not sure of privacy).

"Most HIV positive women for instance, when they plan to use loop, there might be related problems, like uterine infection when they have these uterine problems, the health providers may not be happy to make a thorough examinations because they are HIV infected and the providers only do examinations based on their complaints." (30, Oromo, Orthodox, married).

Some others don't want to shift to long acting contraceptives because they are dominated by their partners, and didn't have the right to prefer what they want.

"If I decide and use contraceptives as I want, most of our male partners are not willing. Most of the time husbands are the one who cover the family income (even though nowadays women are becoming educated and have their own income) as to me, most of housewives are dependent on their husband's income and it is like employee and employer. Men say why did you take this without informing me? This can cause problem on marriage."

(30, Oromo, Orthodox)

The second respondent didn't want to shift from short acting to long acting contraceptives. Because they had a desire to have children when ever God will give them better health.

Some of the counselors shared the above respondents' idea:

"To tell the truth, I worked here for more than 7 years. I have never heard any request. Regarding long acting contraceptives their main focus is how they prolong their life safely instead of worrying about using long acting contraceptives. But we tell them that there are different options of contraception."

The other respondent disagreed with the first counselor:

"…now they believe that they can live and their hope is growing from time to time. Now a day there is a change on their attitude. Now a day there is no death because of HIV. Not even illness. They believe that they can work and live. If there is adequate information from professionals, there is no reason that they denied to accept it. Previously their main concerns were how long they can live."

Discussion

Proportion of HIV positive women who were on ART who is intended to shift to Long Acting and Permanent Family Planning Methods (LAPMs) and its associated factors to use the method was assessed. Moreover, it looked into the attitude and knowledge of HIV positive women towards LAPMs in the study area.

The study results suggested high potential demand for highly effective, long acting and permanent methods of family planning methods. LAPMs enable HIV positive women to space their children or to avoid pregnancy entirely according to their desires (22, 25) Women living with HIV may rely on an IUD, implant, or female sterilization for contraception (15). LAPMs are suitable options for most women and couples who want to prevent unintended pregnancies. Respondents of the in-depth interview also supported this in a way that most of them were ignorant and had lack of knowledge on contraceptive usage as a result they faced unwanted pregnancies. This was also supported from the in-depth interview as they explained as, most women have a belief that pills must be taken only when they make sexual intercourse because they are afraid of the drug interaction if they keep on taking pills daily.

General knowledge about LAPMs in this study was high, 95%. This finding was higher than the study in Mekele 64% and in Bale Zone 86%, conducted in the general population of LAPMs (4, 37). This difference might be due to the dissemination of information and expansion of services by both government and NGOs working in the area; and the difference on the study area and study period.

Participants' knowledge on IUCD was greater than that of implants 90%, and 76% respectively. Twenty one percent and about 8% was for female sterilization, and male sterilization respectively. Knowledge on IUCD and implant in other findings were lower; 26.3% and 68% respectively and lower than this study. However, knowledge on female sterilization, and male sterilization of this study were lower than the EDHS results 39%, 11% respectively (11). This might be due to differences in the study area and larger sample size used by EDHS; more importantly, it might be due to the information dissemination for IUD and implants through mass media which was found to be highest source of information for this study. The other reason might be fear of HIV positive women to get operation for sterilization. This was expressed in the in-depth interview in that it is not advisable to have tubal-ligation or male sterilization in place of injectable.

In this study Mass media found to play an important role for the information dissemination and as there would no differences in utilization of mass media by HIV status, this was in line with study of EDHS 2011 and in Bale zone. Information through health personnel was lower in this data compared to study conducted on a facility based in Ruanda (79%). Majority of HIV positive women reported discussing family planning

with a health worker during their last pregnancy (9, 35, 39). This could be the difference in study subjects, place. More importantly it might be due to less clear information given from counselors. Counselors taught that the use of LAPMs depends on the number of children a woman had rather her HIV status. As counselors said in theindepth interview, if a woman previously gave birth to a baby, they advise her to use long acting contraceptives. On the other hand, if she doesn't yet have children, counselors told clients to use short acting contraceptive methods. Findings from other study, health personnel may not provide LAPMs to clients because of unnecessary or outdated restrictions, such as age or the number of children a woman has(4). Myths and misconceptions are also widespread for these methods(40).
The other reason might be counselors in the ART did not inform that HIV positive women necessitate the use of LAPMs. Even, some of the counselors did not differentiate short acting from LAPMs hence; the information given to clients might be unclear. In this study counselors explained that they knew Depo-Provera as short acting method. In addition, the role of mother support groups in disseminating information found to be minimal, this needs another investigation. This was in contrary with FMOH, that LAPMs are safest, easy to use and with fewer side effects for HIV positive women (8).

More than one-third of respondents in this study have 'less knowledge', and fewer of them have 'high knowledge' on LAPMs. Their 'high knowledge' was less than the study conducted in Mekelle. This might be the difference in the cut of point for the rating used in the previous study, and this study had focused on HIV positive women who might have inadequate information about the methods from their counselors. Still respondents had shortage of clear information on the distinct characteristics of methods. Only 4% of HIV positive women knew that male sterilization has no influence on sexual intercourse, and the permanency of tubal ligation was identified by 16% of HIV positive women. This was lower than the finding in the general population conducted at mekelle (33%) and 24% respectively. This might be lack of knowledge as it had been seen from the descriptive data (20%) on this study. This was also very low when compared to the study in South Africa, that awareness of permanency of tubal ligation was (63.5%). The reason seemed some of respondents dislike permanent methods because of their desire to have children soon (21%). In relation to this, participants from the in-depth interview explained that use of permanent methods was not advisable.

In this study with the multiple responses, more women (79%) than other studies were aware that IUCD can prevent pregnancy for more than 10 years. Moreover, 54% of the participants were aware that IUCD has no influence on sexual intercourse which was higher than Mekelle 38% and 48% respectively(4). On top of that, in this study majority of women (76%) did not agree with the perception 'the use of IUDs by HIV positive women can cause sexual dysfunction.'

The IUD is a method that more than half of the participants were aware of possibility to get pregnant immediately after removal and 20% knew it is effective method in preventing pregnancy. However, some of the in-depth interview participants believed on unacceptable rumors and had misconceptions on IUD which says: “It penetrates the uterus as it gets inside deeper in to the body, and while it is inside the body it doesn’t allow free physical activities. Carrying objects also pushes it inside more”. This might be the one which hindered them from shifting to IUD. Still more effort is needed to clear such rumors and misconceptions among these women. This was similar with the other findings(38).

Concerning implants, about one-third of participants were aware that immediate pregnancy is possible after removal of implants. In the in-depth interview, most of the participants perceived that implants result in problems to the woman’s body, as one of them remembered that a friend of her (HIV positive) had implant under the skin and she was suffering from severe backache and irregular menstruation after having the implant. Moreover, they believed that it will cause excessive vaginal bleeding. 26 % of study participants at Mekelle perceived that Implants cause severe arm pain at insertion and removal from under the skin. It was nearly lowered by half (14%) in this study. This might be due to different study subjects and high domestic work load by rural Mekelle women, which also might be contributing for high proportion of women not to shift their method.

Undergoing operation for female sterilization was dangerous and this was identified by few of them (9%). This result was lower when compared to a study conducted in the general population at Mekelle, 34.4%. (4). This might probably be due to high information dissemination which let them have fear of operation for sterilization and contributed for their resistant to shift.

Nevertheless, most of them in the study population agreed that LAPMs are accessed and used at health institutions with competent and trust providers. However, there were misperceptions and rumors emanated from friends, neighbors and even they said that they have told by health personnel on that: LAPMs are not good especially for woman who is on ART because of the possible reaction of ART drugs with LAPMs. This directly might influence their intention on the method shift.

Concerning the level of attitude, almost half of them had positive attitude towards practicing LAPM which is higher than the study at Mekelle 46% (4). This might be the difference with the study participants’ educational status that most of participants in this study were post secondary educated and their place of residence nearest to information might boost their attitude: 42% of them heard about LAPMs through mass media, whereas, it was 21% at Mekelle.

Regarding to the status of intention to shift to LAPMs, many women (61.5%) did not want to shift the method in the future. The most commonly reasons mentioned not to shift were: conveniences of recent method, desire to have a child soon, and side effects of long term contraceptive methods plus fear of infertility. Few participants also claimed that their husband disapproved on their plan of method shift, which was in line with a report at Ambo: 2010. More over, they considered the possible reactions of implants and IUD with their ART medications and believed to cause exercise vaginal bleeding, pelvic pains, severe back ache, excessive vaginal bleeding. In addition, they believed implant prevents free hand movement which they heard from their neighbors and friends. This was elaborated by counselors on the in-depth interview as they were not sure and most of their clients feared the interactions between ART medications and LAPMs resulting in burn at skin over the face, sterility, and hypertension. However, result of other studies indicated that IUD continues its contraceptive effect without side effects when taken with ARVs (20). Even though participants knew about LAPMs, they perceived implant causes some irritation at the entry site and afraid of it. More over, they perceived that one with IUD must not do hard work since the device may get inside the body.

Female reproductive health rights indicates, HIV positive women should get adequate counseling services and information on family planning methods and choices and reach on own decision to use LAPMs (12). However, some participants explained on the qualitative study that they didn't want to shift to long acting contraceptives because they were dominated by their partners. As husbands were source of family income, wives were dependent and didn't have the right to choose what they want; even some participants were warned not to use any method without the knowledge of their partners.

A population policy and a qualitative study on fertility intentions and interest on integrated family planning services among women living with HIV in Kenya indicated that the integration of family planning services into HIV care has been identified as a promising strategy to reduce unmet need for contraception and prevents mother to child HIV transmission (22). Unlike the above finding, counselors themselves told neither advised clients to use LAPMs in the future nor had trainings on delivering the service to their clients; and the integration of LAPMs with the ART services was not implemented until the last day of this data collection. This might probably has impulsed as one reason not to shift.

The most common reasons suggested were inconsistent with a study in South Africa, even if the demand for LAPMs was higher in South Africa.(25) The intention to use LAPMs was slightly higher in a study conducted in Ambo on the assessment of factors affecting womens' intention to use LAPMs among FP clients of public health facilities. Compared to this study; this might be the difference in the study area and study subjects and it has shared with the above discussed reasons (38). Thus, the convenience of LAPM

should be communicated to women during counseling if this is determining factor in their future choice of a method.

Misconception about the use of LAPMs could over come by, transferring the correct source of knowledge and information about their use is of great importance (35). In the past few months less than half of the respondents have had discussed about family planning with husbands/partners and decisions were passed jointly (41%). This might create better opportunity for extending discussions and decision on use of LAPMs by influential negotiations were reached by couples, and men favor joint decision making. Women with two or three children on qualitative study were less likely to shift to LAPMs. This might be due to completed family size and less concern about long term contraception, since they have decreased hope to live long and do not consider the importance of long term contraception.

About 39% of study sample were intended to shift to LAPMs and 19% of them preferred Implants in the future. This was inconsistent with the facility based study conducted in Ghana (53%) had an intention to use LAPMs, preferred implants (40%) in the future (40). This was actually conducted on a different study sample and period; and these methods might be well known in Ghana.

As it was explained by the participants on the qualitative study, using long acting contraceptives will help them not to remember ingesting daily or avoid frequent clinic visits. Counselors also witnessed that health of women now a days is improved and they can live longer. Besides, clients will not deny accepting the use of LAPMs in the future.

The preferred long term methods to shift were neck to neck to implant and IUD 19% and 17.4% respectively, probably owing to less trained provider for the permanent methods. As some of in-depth interviewees said they have a taught on how LAPMs are easy to use. And some of them choose the IUD to use as a contraceptive in the future. This might be due to majority stayed on ART for 3-6years which may relatively be early to decide to use permanent methods for their age, since most of them are in their early twenties. The second reason might be due to their perception that IUD cannot cause sexual dysfunctions. More possible strong reason could be they were knowledgeable due to good promotion about IUD on the media.

In this study, only 1% of HIV positive women preferred female sterilization. However, being HIV-positive is not a reason to deny sterilization. A woman with AIDS, who is clinically stable, may receive sterilization, in settings with experienced staff and with the needed equipment and support(41).

In this study the proportion of women who intend to shift varied by number of children a woman had. The proportion was increased from 12% for those who have no child to 58%

among those who have more than two children. The proportion was in line with findings at Ambo with lower 44%, and higher 60 % (38).

Among the most commonly stated reasons for intention to shift by 39% of the study subjects was their desire to raise their children properly, LAPMs avoid repeat clinic visits, and few of them reported being advised from family planning and ART service providers. This finding was consistent with other studies where provider related factors influenced method preference.

However, respondents advised by family planning and ART counselors were very low. Therefore, this study revealed knowledge gaps and biases that needed to be addressed in efforts to increase use of LAPM, and this is in line with other studies (22). The result also showed a substantial gap between the proportion of women knowing about long acting methods and their intention to shift. Even though significantly more HIV positive women were aware of IUD, most of them would prefer implants in the future.

Educational status also found to increase the intention to use LAPMs; women who completed post secondary education were more likely to shift to LAPMs when compaired with those women with less educational status, this might be as their educational status increases, their knowledge also icnreases

An important factor associated with intention to shift in this study was attitude of women towards LAPMs. Women with positive attitude were more likely to shift to LAPMs compared to women with negative attitude.

Moreover, Women with high knowledge about LAPMs were more likely to shift when compared with those with less knowledge. This was in consistent with other studies conducted at Mekelle (4).

Strengths and Limitations of the Study

Strengths of the study

- Both quantitative and qualitative methods of data collection were used and triangulating and interpreting the findings of the quantitative results as well as elaborated issues not evidently explained in the quantitative data
- It is one of the studies (probably the first) conducted on the intention of HIV positive women to shift to LAPMs. Thus it gives an insight for researchers and programmers to address problems of HIV positive women on unwanted pregnancies, MTCT, and complicated births.
- In this study there were no non response rate

Limitations of the study

- **Selection bias-**
    - The study did not sample all HIV positive women; it only includes study subjects who are on ART care and service. Hence women on ART may differ from samples of women outside of ART unit; HIV positive women at health center, women below 18 years of age, women in the private health facilities also were not included. Thus, the study results may not be generalized to all HIV positive women in Addis Ababa.
    - Even if systematic sampling was used to select participants for the study, data collectors may recruit women consecutively when they came in the ART care and service unit
- **Social desirability bias-** counselors in the respective ARV care and service units were trained and recruited as data collectors to ensure confidentiality of the study subjects. Counselors were also trained on confidentiality and respecting respondents' right on participation or not. Counselors explained well to the respondents that the study has no link with the service provided, despite this, respondents may still provide desired answers by their counselors.
- **Cross sectional nature of the study:** the study shares the common limitations of cross sectionl surveys in that it lacks a temporal relation between the exposure and out come

Conclusion

Even though there was awareness on Long Acting and Permanent Methods among HIV positive women, the intention to shift to LAPMs was low, creating a substantial gap between knowledge of women about long acting methods and their intention to shift. The low intention for method shift was evidenced with substantial reasons of: related with health concerns, lack of information, fear of side effects of long acting methods, rumors and misconceptions, opposition from partne and fear of possible reaction from ART and LAPMs.

For most of them the preferred method in the future was implant followed by IUD where as very few women preferred female sterilization.

Women on ART whose educational status was post secondary and above, women with high knowledge and had positive attitude towards LAPMs were significantly associated with the intention of women to shift to LAPMs.

Majority of women got information on LAPMs from the media where as information from health personnel were low. The integration of HIV care and support with family planning was not yet implemented, consequently this led that counselors usually counsel on the use of short acting methods and sometimes they simply inform client for the presence of LAPMs for those women who had more number of children. Counselors had knowledge and skill gap on LAPMs to render the service especially for HIV positive women who need to prevent unintended pregnancies and complicated births.

Recommendations

Based on the results of this study, the following recommendations were given:

Government and stake holders in the study area

Policy level

- Federal ministry of health and Addis Ababa health bureau should motivate and attract NGOs on the integration of LAPMs with HIV care and support which is basic and necessary to avoid unintended pregnancy and all its catastrophic consequences especially for HIV positive women.

Programme level

- The high proportion of HIV positive women not to shift in these facilities was indicative of the need to work on the method shift. The reasons mentioned for not to shift can be managed through proper training of service providers, better counseling skill of choice on LAPMs, better supply of equipment and commodities. Addis Ababa health bureau with the respective hospitals can feel these gaps.
- Continuous health education on LAPMs, increasing availability of LAPMs services in public and private institutions and information education communication should focus on addressing the low desire to shift to LAPMs and tackling rumors and the misconceptions. It is therefore working in collaboration with non-governmental organizations and media on promoting the advantages of LAPMs especially to HIV positive women are important.

- .Comprehensive and quality family planning counseling and quality of care should be implemented at each hospital for all women in the ART units despite the duration on ART , their parity and other condition of women as every woman in the reproductive age group are potentially exposed to unintended pregnancy and complicated births

- ART service and treatment units with family planning units in each hospital of the city government, and Addis Ababa HIV secretariat office should focused on the reasons forwarded for none intending to use LAPMs during program designing for family planning.

Facility level

- Misconceptions about the use of LAPMs could over come by, transferring the correct source of knowledge and information about their use. For this mother support groups and expert patients can help counselors on promoting the use of LAPMs and tackling the rumors and misconceptions on LAPMs.

Researchers

- Further study should be conducted to produce better evidence from counsles, male partners, and health service managers' view both at public and private institutions working on family planning services.

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Appendixes

Annex1 English vertion Informed Conset Sheet

I. Information Sheet

Addis Ababa University College of Health Sciences School of Public Health;

Study on:"Assessment of magnitude and factors affecting intention of HIV positive women to use LAPMs in governmental hospitals in Addis Ababa."

Introduction:

How are you? My name is _____

I am working in this hospital. I am a member of the research team of Addis Ababa University College of health Sciences School of Public Health. I would like to inform you that you and I will have a short interview concerning this study. Before we go to our discussion, I will ask you to listen carefully to what I am going to read to you about the purpose and general condition of the study. I am interviewing women's family planning use in this ART unit on factors affecting their intention to use LAPMs among HIV positive women. You are selected to be one of the participants in the study randomly. The study will be conducted through interview. The information you give us is confidential and will be used only for study purpose. A code number will identify every participant and no names will be used. If a report of result is published, only summarized information of the total group will be appeared. The interview is based on voluntary and you have the right to participate or not to participate at any time during the interview. Your refusal will not have any effect on services that you or any members of your family receive. However, your participation is very important.

If there are things that require clarification please do not hesitate to ask questions.

In case for further questions and clarifications please contact PI on:

Cell phone number: 0911486289

Email: *sosibamtish@gmail.com*

Note:

1. All females(partipants) must be in reproductive age group (15-49years) and are initiated for ART,
2. Currently she should take either or dualprotection from the short acting FP methods (pills,injectables,condoms or Natural methods),
3. Currently, she should not use any of LAPMs (IUCDs,implants ,tubaligation or vasectomy (for her partner)

II. Consent form

As it is described in the information sheet, the information you provide is very important in order to guide programs, planning and organizing care for HIV positive women particularly to design effective family planning method.

Are you willing to participate in the study? (**Put** ✓ ***mark in the box***)

1. Yes, I want to participate ☐
2. No, I do not want to participate ☐

If the participant agrees to participate in the study, thank her and start the interview. If not end of the interview, thank and proceed to the next interviewee.

Data collector's name---------- Date ----------Signature----------

Participant's signiture----------

01. Name of the hospital/ART site _____
Questionnaire identification number _____

Annex 2 Structured Questionnaires

"Magnitude and factors affecting the intention to use LAPMs among HIV positive women in the reproductive age group (15-49) in governmental hospitals of Addis Ababa,Ethiopia,2013"

PART 1 socio demographic characteristics of the respondants in the ART clinic, Addis Ababa, Ethiopia, 2013.

S. N^{o}	Questions	Coding catagories	Skip to…
101	How old are you? (in complete years)	_____	
102	Have you ever attended school?	Yes……..……1 No ……..……2	 104
103	What is the highest level of school you attended?	Only read and write……1 .primary (1-8). . . . . ……... 2 .secondary (9-10). . . . . ….....3 .technical/vocational(10+) .....4 .preparatory(11-12) .higher (Bachelor Degreee and above..5	
104	What is your ethnicity?	-Amhara……..……1 -Oromo……2 -Tigre……...3 -Guraghe……..4 -Others (specify)----------	
105	What is your occupation?	-House wife……..…1 .Government employee ……..2 - Private employee…….....3 -Student……...-------4 . Private owned…….5 Daily laborer……... 6 -commercial sex worker……...7 -Others(specify)……..	
106	What is your religion?	.Orthodox ……1 Muslim. …….2 .Protestant……3 - Catholic ……...4 -Others (specify)----------	
107	What is your marital status?	- Single ……1 - Married ……2 - Divorced ……3 - Separated ……4 - Widowed……5	
108	What is the average family income per month?	_____ETB I do not know……9	
109	Has your partner ever attended school?	Yes ……..……..…1. No……..……2	 111
110	If "Yes" to 109, What is the highest level of school he attended?	.Only read and write……1 .primary (1-8). . . . . ……... 2 .secondary (9-10). . . . . 3 .technical/vocational(10^{+}) .....4 .preparatory (11-12)	

		.higher (Bachelor Degree and above) 5	
111	What is your partner's occupation?	-government employee …….1 Private employee ……..……2 . Merchant ……..…3 . Daily laborer ……-…4 .Unemployed…….....5 -Other (specify) ……..….	

Part 2: Fertility characteristics of the respondants in the ART clinic, Addis Ababa, 2013.

S.N^{o}	Questions	Coding catagories	Skip to
201	How many live children do you have now? (If no children enter "00")	1.Enter the number---------	
202	Do you have a desire to have a child (ren) in the future?	.Yes----------1 .No ----------2	204
203	If "Yes" to 202, when do you want to have a child (ren)?	.Soon……..……..…1 .at least after two years……2 .I don't know-……..……9	
204	Do you discuss with your partner on family planning methods?	.Yes ……..……1 .No……2	301
205	If "Yes" to 204, Who decides /will decide on the number of children you want to have?	.Husband……1 .Wife…….……2 .Both……..……3 -God……..……4 .Other (specify)…….	

Part 3: Current use of contraceptive and Intention to shift to Long Acting and Permanent Family planning Methods Addis Ababa, 2013.

S.N^{o}	Questions	Coding catagories	Skip
301	Which method are you using currently?	.pills …….. ……1 . Injectable …….....2 . Condoms …….. ……3 . Rhythm methods ……4 .withdrawal method ……5 . Others (specify)---- ……...8	
302	Are you currently using dual method (condoms with others)?	Yes…….……1 No……...……2	304
303	If Yes to Q **302** which dual methods are you using now?	Condoms and pills ……..…1 Condoms and injectable……..….2 Others (specify)……...…….	
304	From where are you getting the method which you are using now?	.from the ART treatment unit..…1 .from hospital family planning unit after being referred …….....2 .from health center family planning unit…….3 . from Private facility……4 .Family Guidance Association….5 .pharmacy ……6	

		. NGO clinic…….7 .other (specify) ----------	
305	Do you have an intention/desire/ to shift to LAPMs in the future?	Yes----------1 No----------2	309
306	If "Yes" to Q **305**, from which to which contraceptive method? (**Check the response on** Q **301**)	.From pills to Implants…….1 .From pills to IUDs……...2 From pills to female sterilization..3 From pills to vasectomy……..…4 .From injectables to Implant……5 .From injectables to IUDs…….6 .From injectables to female sterilization…….……7 From injectables to vasectomy----8 From condom to implants From condom to IUDs From condom to vasectomy From condom to tubaligation .I do not know…….……9 .Others (specify)----------	
307	Why will you shift to LAPMs? (multiple answers are possible)	-ART provider advised me……..A -FP counselor advised me……B -To prevent mother to child transmission of HIV……C -To avoid frequent visits……..D -Inconvinent of current method…E -to grow up my children in a good manner / good schooling……..…F -I don't know……9 -others (specify……8	
308	If Yes to **305** Approximatly, When will you shift to LAPMs?	----------Months	
309	IF **NO** to **305**, why won't you shift to LAPMs? (multiple answers possible)	- current FP method is safer to me ----------A fear of side effects from LAPMs.----------B . Lack of awareness on LAPMs-- C . it affects my daily activities ……. D .Inavialabilityof LAPMs---------- E . Husband disapproval ……. F . Fear of infertility…… G .Want to have child soon……. H .Fear of ART drug reaction with it…… I - I donot know----------9 . Others (specify)……8	

PART 4: Knowledge of HIV Positive Women about Long Acting and Permanent Family Planning Methods, Addis Ababa, 2013.

S.N^{o}	Questions	Coding catagories	Skip
401	Have you ever heard about LAPMs (methods used for many years or permanently just after having it once)?	.Yes……..……1 .No ……...…2	part 5
402	If "Yes" to Q **401**, From whom do you get information on LAPMs for the first time? (multiple answer is possible)	Friends ……A neighbors ……B Family planning counselors……C ART counselors……..D - mother support group---------- E .mass media…… G . husband……H -Health personnel……I .others(specify) ……8	
403	If "Yes" to Q **401**, which LAPMs? (multiple answers are possible)	IUD ……..……..A Implants ……..B Female sterilization…….C Male sterilization…….D I don't know any of these…...…9	
404	If **"A"** is chosen to Q **403**, What do you know about ***IUDs?*** (Women can have a loop or coil placed inside them by a doctor or a nurse) (multiple answers are possible)	.It can prevent pregnancy for more than 10 years……...…A . Not good for female with genital Ulcer. ……..……B . No interference with sexual intercourse……..…C . Immediately reversible……..D . Has no any reaction with the ART which I am taking……....E -It is very effective……...…F . I don't know……..9 . Others (specify) ……8	

405	If **"B"** is chosen to Q **403**, What do you know about implants (Implanon/ sinoplant/ Jadelle (Women can have one or more small rods placed in their upper arm by a doctor or nurse) (multiple answers are possible)	-It is very effective……...A -It is long term (used for 1-5years).B .-insertion and removal require minor surgical procedure…….C - No interference with daily activities……D -Reversible on removal ……E -Has no any reaction with the ART which I am taking……F --increases abnormal Uterine bleeding(AUB)----------G -Even if insertion is simple, personnel are not volunteer to removal it ----------H -causes arm pain----------I - I don't know……..9 -Others(specify) ……8	
406	If **"C"** is chosen to Q **403** What do you know about female sterilization? (Women can have an operation to avoid having any more children.) (multiple answers are possible)	-it is permanent ; pregnancy is not possible……..…A -requires safe and minor surgical procedure ……...B - don't need repeated clinic visit...C - requires counseling and informed consent…….…… D- I don't know……..9 -Others (specify) ……	
407	If **"D"** is chosen to Q **403**, What do you know about Male sterilization? (Men can have an operation to avoid having any more children) (multiple answers are possible)	-No interference with sexual intercourse……A -.Requires safe and minor permanent surgical procedures……..……..B -sperm production will be ceased and no fertilization ……C -Requires counseling and informed consent…….…...D . I don't know.. ……9 .Others (specisify)……8	

Part 5: Respondents' Attitude about and on their side effects of Long Acting and Permanent Family planning Methods Addis Ababa, 2013.
I will read you a statement, listen to me and tell me whether you agree or disagree with it.

S.N^{o}	Questions	Coding catagories	Skip
501	LAPMs can prevent maternal morbidity and mortality during pregnancy, birth and post natal	- Strongly disagree…….1 - Disagree……..……..2 -Indifferent…..……3 - Agree…..……4 -Strongly Agree ……...5	
502	There is an access to choice of all LAPMs, and facilities with competent providers?	- Strongly disagree…….1 - Disagree……..……..2 -Indifferent…..……3	

		- Agree…….4 -Strongly Agree ……...5	
503	Providers can be trust and maintain confidentiality, to advice on LAPMs use and their side effects?	- Strongly disagree…….1 - Disagree……..……..2 -Indifferent…..……3 - Agree…….4 -Strongly Agree ……...5	
504	The insertion and removal of implant will cause pain over the arm	- Strongly disagree…….1 - Disagree……..……..2 -Indifferent…..……3 - Agree…….4 -Strongly Agree ……...5	
505	Insertion of Intra uterine contraceptive device(IUCDs) will cause sexual dysfunction	- Strongly disagree…….1 Disagree……..……..2 Indifferent…..……3 Agree…….4 -Strongly Agree ……5	
506	Operation for female sterilization/Tuba ligation/ especially for HIV positive woman is dangerous.	- Strongly disagree…….1 - Disagree……..……..2 -Indifferent…..……3 - Agree…….4 -Strongly Agree ……...5	
507	LAPMs are not good for woman who is on ART because of their side effects	- Strongly disagree…….1 - Disagree……..……..2 -Indifferent…..……3 - Agree…….4 -Strongly Agree ……...5	

Part 6: Information on HIV testing, counseling and ART Medications of respondents Addis Ababa, 2013.

S.N^{o}	**Questions**	**Coding categories**	**Skip**
601	How long has it been since you started ART treatment?	----------months	
602	Will be there any reaction told by your provider to be noticed on counseling from IUD/implants with ART drugs? (for those who intend to use in the future)	-Yes ……1 -No----------2	604
603	If Yes to Q **602**, what is the possible reaction(s) told to you? (***Multiple answers are possible***)	-excessive vaginal bleeding…….A -decreased potency of implants from ARTs……..……B -pelvic pain …….C -method failure by ARTs……D -They told me as there will be no reaction----------F -Other (specify)……8	

604	What is your current CD4 count?	----------cells/mm^3	
605	Have your partner got HIV tested?	-Yes----------1 -No----------2 -I don't know----------9	End
606	If Yes to Q **605** what is the HIV status of your partner?	-Positive……1 -Negative……2 .No response……3 -I don't know----------9	

Thank you, I finished my questions
I have finished my interview
If you have any question/concern on LAPMs _____
Name of the interviewer:_____Signiture _____Date_____
Result code
1. Completed ☐ 2.Partialy completed ☐ 3.Refused ☐ 4. Others (specify) _____
Name of the supervisor_____Signiture_____ Date_____

Annex 3 Information Sheets for the In-Depth Interview

Addis Ababa University

Colloge of Health Sciences

School of public health

Consent form

Study on ***"Assessing of the magnitude and factors affecting the intention of HIV positive women to use LAPMs in ART units in Addis Ababa"***

Hello.

My name is ----------

I am working in the research team, which is conducted by Addis Ababa University Colloge of Health Sciences School of public health.

The aim of this study is to assess the magnitude and factors affecting the intention of HIV positive women to use LAPMs in ART units in Addis Ababa"

Here at in this hospital ARV treatment unit we are interviewing HIV positive women on ART units who are using short acting family planning methods and health professionals working in ART unit. There will be no harm associated with the research up on you. While your responses will help through policy formulation and program implementation to improve utilization of LAPMs for HIV positive women. I will use tape recorder to

ensure accuracy of the data collection but the information that you will give us will be kept strictly confidential and is to be used only for the purpose of this study. Your ideas and information is quite useful to achieve the objectives of the study and to improve family planning services for HIV positive Women. You have full right to participate or not participate in the study.

If there are things that require clarification please do not hesitate to ask questions.

In case for further questions and clarifications please contact PI on:

Cell phone number: 0911486289

Po.box. 24434/1000: Email: bantamlakg21@yahoo.com

Information sheet

As it is described in the information sheet, the information you provide is very important in order to guide programs, planning and organizing care for HIV positive women particularly to design effective family planning method.

Are you willing to participate in the study? (Tick one)

1. Yes, I want to participate ☐
2. No, I do not want to participate ☐

Participant's signiture----------

Thank you!!!

I understand the information given fully.

So I am willing to participate in the study.

If the study subject agrees to participate in the study, start the interview, if not thank her and proceed to the next interviewee.

Data collector's name---------- Date ----------Signature----------

02. Name of the hospital/ART site _____
03. participant identification number _____

Consent form

So I am willing to participate in the discussion.

Date of the interview----------

Name of the hospital----------

Topic Guide for the In-Depth Interview

The objective of this interview is to assess the magnitude and factors affecting the intention of HIV positive women to use LAPMs in ART units in Addis Ababa"

Date of in-depth interview---------

Name of note taker----------

SOCIO DEMOGRAPHIC INFORMATION

Age (in complete years) ----------

Ethnicity ----------

Religion ----------

Educational level- ----------

Current marital status----------

Current occupation----------

Monthly income of the fanily----------

Information on *the magnitude and factors affecting the intention of HIV positive women to use LAPMs in ART units.*

Q1. What do you think are factors related with the occurrence of unintended pregnancy for a woman with HIV?

Q2.What is the family planning concerns for womenon ART? (Short acting family planning methods or LAPMs?) Why and how?

Q3 why do you think that many women with HIV are using the short acting family planning methods?

Q4 How much you know about LAPMs, explain about it and please explain the rumors on LAPMs which you heard about at your home, neighbor… How far they are true?

Q5.what do you think are the factors related with HIV positive women not to shift from short acting methods to long acting and permanent family planning methods?

*(**Probe**, about LAPMs:…Opposition from husband about contraception change, fear of their side effects, lack of knowledge/information, inaccessibility of contraception, non attractive health providers approach (interaction), lack of confidentiality and counseling there by fear of discrimination and stigma, fear of side effects.....explain if any other related factors)*

Q6.How do you see the counseling to initiate the use of long acting and permanent family planning methods with your provider in preventing?

- Unintended pregnancy
- MTCT and

- Future child birth desire

(Prob, quality of the counseling, feel at ease when discussing those issues, the frequency of discussion, explain on preferable methods)

Q7. How much are you intended to use LAPMS in the future?

*(**Probe**: when will you start?)*

Will be there any one who will influence your intention?

***Q8**. If you intend to shift to LAPMs, to which method will you shift? Why you choose this method? If not intend to shift why don't you shift to LAPMs in the future?*

NB: *Question number 7 and 8 are not concerned to counslors*

Annex 4 የግንዛቤና ፈቃደኝነት መጠየቂያ ቅፅ

በአዲስ አበባ ዩኒቨርስቲ ጤና ሣይንስ ኮሌጅ የማህበረሰብ ጤና አጠባበቅ ት/ቤት የጥናቱ ተሳታፊ ፈቃደኝነት መጠየቂይ ቅፅ

እንደምን አደሩ/ዋሉ? እንደምን ነዎት? እኔ ስሜ _____ ይባላል፡፡

ጥናቱ የሚያካትተው በአዲስ አበባ በሚገኙ የመንግስት ሆስፒታሎች ውስጥ ከቫይረሱ ጋር አብረው በሚኖሩ፤ ከ15-49 ዓመት ባሉት ሴቶች ላይ ሲሆን፤ ስለረጅም ጊዜና ዘላቂ የወሊድ መቆጣጠሪያ ዘዴ አጠቃቀም ፍላጎትና ተፅዕኖ የሚያሳዳሩትን ምክንያቶች ለመዳሰስ ነዉ፡፡

የፀረ -ኤች አይ ቪ መድኃኒት ክትትል ክፍል ሠራተኛ ስሆን፤ የጥናት ቡድኑ አባል ነኝ፡፡
ከእርስዎ ጋር ሥለጥናቱ አጭር ቃለ-ምልልስ እናደርጋለን፡፡
የጥናቱ ዓላማ፡- የፀረ -ኤች አይ ቪ ክትትል የሚያደረጉ ሴቶችን በረጅም ጊዜ እና ዘላቂ የቤተሰብ ዕቅድ ዘዴ የመጠቀም ፍላጎት እና ተፅዕኖ በሚያሳድሩ መንስኤዎች ላይ የዳሰሳ ጥናት ለማድረግ ነው፡፡
ለዚህም የጥናቱ ተሳታፊ እንዲሆኑ ተመርጠዋል፡፡
በጥናቱ መሳተፍ ወይም አለመሳተፍ ይችላሉ፡፡
የሚሰጡን መረጃ በሚስጢርነት እንደሚጠበቅ ላረጋግጥልዎት እወዳለሁ፡፡
መረጃዉ ለዚህ ጥናት ብቻ የሚዉል ይሆናል፡፡የተሳታፊ ሥም እዚህ ላይ አይፃፍም፡፡
በቃለ-ምልልሱ ላይ አለመሳተፍዎ በሚያገኙት አገልግሎት ላይ ተፅዕኖ አይኖረውም፡፡
ሆንም ግን የእርስዎ ተሳትፎ በተቋማት ውስጥ የሚሰጠውን የረጅም ጊዜና ዘላቂ የቤተሰብ ዕቅድ ዘዴዎችን የመጠቀም ፍላጎት ላይ ያሉትን ተፅዕኖዎች በጥናት ለመመለስ በጣም ጠቃሚ ነው፡፡
ግልፅ ያልሆነልዎት ካለ መጠየቅ ይችላሉ፡፡

ምንዓልባት ተጨማሪ መረጃ ቢፈልጉ የዋና ጥናት አድራጊዉ ሙሉ አድራሻ፡-

ሥም፡ ባንታምላክ ገላው፡ ስልክ ቁጥር ፡ 0911486289፡ ኢ-ሜይል፡
sosibamtish@gmail.com

አሁን በጥናቱ ላይ ለመሳትፍ ፈቃደኝነትዎን ይግለፁልኝ፡፡ (***ሳጥን ዉስጥ የ ✓ ምልክት ያድርጉ)***

☐ አዎ ፈቃደኛ ነኝ ☐ አይ ፈቃደኛ አይደለሁም

የተሳታፊዋ ፊርማ :----------ቀን----------

ተሳታፊዋ ስለ ጥናቱ በቂ ማስረጃ ተሰጥቷቸዉ በቃለመጠይቁ ለመሳተፍ በቃል ፈቃደኛ ከሆኑ መጠይቁን ይጀምሩ

፤ ፍቃድኛ ካለሆኑ አመስግነዉ ሌላ ተረኛ ተሳታፊ ያስገቡ፡፡

ቃለ መጠይቁ የተደረገበት ቀን----------ወር---------ዓ.ም.----------

<u>ማስታወሻ፡ በዚህ መጠይቅ የሚካተቱት፡</u>

1. በመዉለድ እድሜ ክልል(15-49)ያሉ እና የፀረ ኤች አይ ቪ ክትትል ላይ ያሉ
2. የአጭር ጊዜ የወሊድ መቆጣጠሪያ (ፒልስ ወይም መርፌ ወይም ኮንዶም ወይም የተፈጥሮ መቆጣጠሪያ የምትጠቀም)
3. የረጅም ጊዜ (ሉፕ፣ ክንድ ስር የሚቀበር ፣ የሴት ወይም የወንድ ምክነት) የማይጠቀሙ መሆን አለባቸዉ!!

4. የጤና ተቋሙ ስም (የፀረ -ኤች አይ ቪ መድኃኒት ክትትል ክፍል ስም)፡_____
5. የቃለመጠየቅ መለያ ቁጥር፡_____

ክፍል 1፡-የተስታፊዎች ማህበራዊና ኢኮኖሚያዊ ሁኔታን የሚዳስሱ መጠይቅ አዲስ አበባ፣ 2005 ዓ.ም፡፡

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶችና ኮድ	ወደ------ ቁጥር ዝለል
101	ዕድሜዎት ስንት ነው?	----------ዓመት	
102	መደበኛ ት/ት ተከታትለዋል?	አዎ……1 የለም……2	104
103	ለ102 **አዎ** ከሆነ የትምህርት ደረጃዎ?	-ማንበብ እና መፃፍ የሚችል……..1 -የመጀመሪያ ደረጃ ት/ት ያጠናቀቀ(1-8ኛ ክፍል)……..2 የሁለተኛ ደረጃ ያጠናቀቀ(9-10ኛ)……..……3 የመስናዶ ት/ት (11-12ኛ)…….……4 -የቴክኒክና ሙያ ያጠናቀቀ(10 በላይ)……5 -የከፍተኛ ት/ት ያጠናቀቀ(ዲግሪ እና ከዚያ በላይ…….6	
104	ብሔርዎ ምንድ ነው?	አማራ ---------- ----------1 ኦሮሞ ---------- ----------2 ትግሬ ---------- ----------3 ጉራጌ ---------- ----------4 ሌላ ካለ (ይጥቀሱ) ----------	
105	መደበኛ ሥራ?	-የቤት እመቤት……1 -የመንግሥት ሠራተኛ ……2 -የግል ተቀጣሪ ……3 -ተማሪ ……4 -የግል ሥራ ……5 -የቀንሠራተኛ……6 -ሴተኛ አዳሪ----------7 -ሌላ ካለ (ይግለፁ) ----------	
106	ሐይማኖትዎ ምንድነው?	ኦርቶዶክስ ……1 እስልምና……2 ፕሮቴስታንት ……3 ካቶሊክ ……4 ሌላ ካለ (ይጥቀሱ)……	
107	ጠቅላላ የቤተሰብዎ የወር ገቢዎ ስንት ይሆናል?	---------- የኢትዮጵያ ብር አላውቀውም……9	
108	የጋብቻ ሁኔታዎ ምንድን ነው?	-ያላገባች……1 -ያገባች ……2 --የተፋታች ……3 -የተለያየች ……4 -አግብታ ባል የሞተባት ……5	**ክፍል 2**
109	ባለቤትዎ መደበኛ ት/ት ተከታትለዋል?	አዎ……1 የለም……2	111
110	ለ 109 **አዎ** ከሆነ የባለቤትዎ የትምህርት ደረጃ?	-ማንበብ እና መፃፍ የሚችል……1 -የመጀመሪያ ደረጃ ት/ት ያጠናቀቀ(1-8ኛክፍል)……..2 የሁለተኛ ደረጃ ያጠናቀቀ(9-10ኛ)……3 የቴክኒክና ሙያ ያጠናቀቀ (ከ10ኛ በላይ)……4 -የመስናዶ ት/ት (11-12ኛ)……5	

		-የከፍተኛ ት/ት ያጠናቀቀ(ዲግሪ እና ከዚያ በላይ.....6	
111	የባለቤትዎ መደበኛ ሥራ ምንድን ነዉ?	-የመንግስት ሥራ .....1 - የግል ተቀጣሪ .....2 - ነጋዴ .....3 -የቀን ሠራተኛ .....4 ስራ አጥ----------5 ሌላ ካለ (ይግለጡ).....	

ክፍል 2፡- የፀረ -ኤች አይ ቪ መድኃኒት ክትትል የሚደርጉ እናቶች እርግዝናንና ዉሊድን የተመለከተ መጠይቅ፣አ/አ 2005 ዓ. ም፡፡

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶችና ኮድ	ወደ------ ቁጥር ዝለል
201	አሁን በሕይወት ስንት ልጆች አለዎት? (*ልጅ ከሌለ "00" ይሙሉ*)	------- ቁጥሩን ያስገቡ	
202	ወደፊት ልጅ (ልጆች) እንዲኖረዎት ይፈልጋሉ?	-አዎ ----------1 -አልፈልግም ----------2 አላውቅም----------9	204
203	ለጥያቄ ቁ. 202 መልስዎ ‹‹**አዎ**›› ከሆነ ልጅ እንዲኖርዎት የሚፈልጉት መቼ ነው?	-አሁኑኑ.....1 -ከ2 ዓመታት በኋላ .....2 -አላውቅም.....9	
204	ከባለቤትዎ ጋር ስለ ቤተሰብ ዕቅድ ዘዴዎች ተወያይተው ያውቃሉ?	አዎ.....1 -የለም ----------2	301
205	ለ 204 መልስዎ ‹**አዎን**›› ከሆነ ሊኖራችሁ በምትፈልጓቸዉ የልጆች ቁጥር ላይ የሚወስነው ማነው?	-ባለቤቴ.....1 -እኔ.....2 -ሁለታችን.....3 -አምላክ (ፈጣሪ).....4 -ሌላ ካለ (ይግለፁ) ----------	

ክፍል 3፡- ከቫይረሱ ጋር አብረዉ የሚኖሩ እናቶች የረዥምና ዘላቂ የወሊድ መቆጣጠሪያ ዘዴ ለመቀየር ያላቸዉን ፍላጎትና ዝግጅትን የሚያሳይ መጠይቅ፤ አዲስ አበባ ፤2005 ዓ. ም፡፡

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶችና ኮድ	ወደ------ ቁጥር ዝለል
301	በአሁኑ ሰዓት የሚጠቀሙት የወሊድ መቆጣጠሪያ ዘዴ የትኛዉ ነዉ?	-እንክብል (ፒልስ).....1 -መርፌ .....2 -ኮንዶም.....3 -ቀን በመቁጠር .....4 -ስፐርም ከብልት ውጭ በማፍሰስ .....5 -ሌላ ካለ ይጠቀስ ----------	

302	ባሁኑ ሰዓት ከኮንዶም ጋር ሌላ የሚጠቀሙት ዘዴ አለ?	አዎ……1 የለም……2	304
303	ለ302 መልስዎ “አዎ“ ከሆነ የትኛዉን ነዉ የሚጠቀሙት?	ኮንዶምና ፒልስ……1 ኮንዶምና መርፌ……2 ሌላ ካለ(ይጥቀስ)……	
304	አሁን የሚጠቀሙበትን የወሊድ መቆጣጠሪያ የሚያገኙት ከየት ነው?	-ከፀረ-ኤች አይ ቪ ክትትል ክፍል……1 ከሆስፒታል የቤተሰብ ዕቅድ ክፍል(ወደ ሆስፒታል ከተላክሁ በኃላ) ……2 -ከጤና ጣቢያ የቤተሰብ ዕቅድ ክፍል……3 -ከግል ጤና ድርጅት ……4 -ከቤተሰብ መምሪያ ……5 -ከፋርማሲ (መድኃኒት ቤት) …… ……6 -መንግስታዊ ካልሆነ ድርጅት ክሊኒክ---------- 7 -ሌላ ካለ (ይገለፁ) ----------	
305	አሁን የሚጠቀሙበትን የአጭር ጊዜ የመቆጠጠሪያ ዘዴ ወደ ቋሚ እና ዘላቂ የወሊድ መቆጣጠሪያ ለመቀየር ሀሳቡ አለዎት?	-አዎ……1 -የለኝም …… 2	309
306	ለ305 መልስ ‹አዎ› ከሆነ ከየትኛው ወደ የትኛው ዓይነት የወሊድ መቆጣጠሪያ ዘዴ ሊቀይሩ ያሰቡት? *(ጥያቄ ቁ. 301 ላይ የተመረጠዉን ይመልከቱ)*	.ከፒልስ ወደ ክንድ ስር የሚቀበር……1 .ከፒልስ ወደ ሉፕ……2 .ከፒልስ ወደ ማህፀን ማስቋጠር……3 .ከፒልስ ወደ ወንድ ምክነት……4 .ከመርፌ ወደ ክንድ ስር የሚ……5 .ከመርፌ ወደ ሉፕ……6 .ከመርፌ ወደ የማህፀን ማስቋጠር ……7 .ከመርፌ ወደ ወንድ ምክነት……8 .አላዉቅም……9 .ሌላ ካለ ይጥቀሱ……	
307	ለምን ወደ ዘላቂና ቋሚ የወሊድ መቆጣጠሪያ ዘዴ የሚቀይሩ	ፀረ-ኤች አይ ቪ ክትትል ክፍል ያሉ ሐኪሜ ስለመከሩኝ----------A -የቤተሰብ ዕቅድ አገልግሎት ያሉ ሐኪሜ ስለመከሩኝ…….B -የኤች አይ ቪ ቫይረስ ወደ ልጄ እንዳይተላለፉ ለመከላከል……C	

	ይመስልዎታል? (**ከአንድ በላይ መልስ መምረጥ ይቻላል**)	--ተደጋጋሚ የክሊኒክ ቀጠሮን ስለሚያስቀርልኝ……D አሁን የምጠቀመዉ ዘዴ ስላልተስማማኝ……E - ልጆቼን በጥሩ ሁኔታ ለማሳደግ፤ ጥሩ ት/ቤት ለማስተማር……F -አላውቅም ……9 -ሌላ ካለ (ይጠቀስ) ----------	
308	ለ303 መልስዎ **አዎ** ከሆነ ሊቀይሩ ካሰቡ በግምት መቼ ሊቀይሩ አስበዋል?	----------ወር	
309	ለ305 መልስዎ **የለም** ከሆነ (ለመቀየር ካላሰቡ) ለምንድን ነዉ ሊቀይሩት ያላሰቡት? *(ከ አንድ በላይ መልስ መምረጥ ይቻላል)*	-አሁን የምወስደዉ ስለተስማማኝ……A - የጎንዮሽ ጉዳጻታቸዉን ስለምፈራ…… B -አለማምቅ (የእዉቀት ማነስ)…… C -ከስራዬ ጋር ስለማይስማማ…… D የረጅምና ዘላቂ ዘዴ ስለማላገኝ…… E -ባለቤቴ ስለማይስማማ …… F -መካንነትን ስለምፈራ …… G -መዉለድ ስለምፈልግ…… H ከመድሀኒቱ (ART) ጋር አይስማማኝም ብዬ እፈራለሁ……I -አላዉቅም……9 ሌላ ካለ (ይጠቀስ)----------	

ክፍል 4፦የተሳታፊዎች የረጅም ጊዜ እና ዘላቂ የወሊድ መቆጣጠሪያ ዘዴዎች ዕውቀትን የሚዳስስ መጠይቅ፡ አዲስ አበባ፤2005

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶችና ኮድ	ወደ------ ቁጥር ዝለል
401	***ሥለረጅም ጊዜ እና ዘላቂ የወሊድ መቆጣጠሪያ ዘዴዎች ሰምተዉ ያውቃሉ? (አነዴ ከወሰዷቸዉ በኋላ ለረጅም እና ለዘላቂ ጊዜ የሚያገለግሉ መንገዶች)***	-አዎ……1 -አላውቅም ……2	**ክፍል 5**
402	**ለ401 መልስዎ ‹አዎ› ከሆነ ለመጀመሪያ ጊዜ ስለረጅም እና ዘላቂ የወሊድ መቆጣጠሪያ ዘዴ ከማን/ከየት ነው የሰሙት?** ***(ከአንድ በላይ መልስ መምረጥ ይቻላል)***	-ከጓደኛ……A -ጎረቤት……B -ከቤተሰብ ዕቅድ አገልግሎት ምክር መስጫ ክፍል…….C -ከፀረ-ኤች አይ ቪ ምክክር መስጫ ክፍል ……..D ከዲጋፍ ሰጪ እናቶች (mother support group)–E -ከመገናኛ ብዙኃን …… F -ከባለቤቴ …… G	

		--ከጤና ሙያተኛ…….. H --ሌላ ካለ (ይግለፁ)…….……	
403	ሥለየትኛው ዓይነት የረጅም ጊዜ እና ዘላቂ የወሊድ መቆጣጠሪያ ዘዴ ነው የሰሙት? *(ከአንድ በላይ መልስ መምረጥ ይቻላል)*	.ሉፕ ……..…A .በክንድ ስር የሚቀበር ……..……B .ማህጸን ማስቋጠር ……..C .የወንድ ዘርምክነት……...D .ሥለ አንዳቸዉንም አልሰማሁም……..……E	
404	ለ403 “A” ከመረጡ እስኪ ስለ **ሉፕ** የወሊድ መቆጣጠሪያ ምን ያውቃሉ? (ማብራሪያ፡-በሀኪም ብቻ በሴቷ ማህፀን ዉስጥ ሊጨመር የሚችል) ሉፕ ይባላል **(ከአንድ በላይ መልስ መምረጥ ይቻላል)**	-ከ 10 ዓመታት በላይ እርግዝናን ይከላከላል……A -የብልት ቁስለት ላላቸዉ ሴቶች ጥሩ አማራጭ አይደለም……B -በወሲብ ግንኙነት ላይ ችግር አያስከትልም……C -ከወጣ በኋላ ወዲያውኑ መፀነስ ይቻላል……D -ከምወስዳቸው የፀረ-ኤች አይ ቪ መድኃኒቶች ጋር ምንም ዓይነት ግጭት/ችግር የለውም ……E -እርግዝናን በመከላከል በጣም ፍቱን ነው……F -አላውቅም ……9 -ሌላ ካለ (ይጥቀሱ) ----------	
405	ለ403 “B” ከመረጡ እስኪ ***በክንድ ስር ስለሚቀበር*** የወሊድ መቆጣጠሪያ ዓይነቶች የሚያውቁትን ይንገሩኝ (በሴቷ ክንድ ስር በሀኪም የሚቀበሩ ኢምፕላኖል.፤ጃዶል፣ኖርፕላንት የተባሉ ከአንድ ዓመት በላይ የሚያገለግሉ) **(ከአንድ በላይ መልስ መምረጥ ይቻላል)**	-እርግዝናን በመከላከል በጣም ፍቱን ነው……A -ለረጅም ዓመታት ያገለግላል (ከ 1-5 ዓመት)--------B -ለማስገባትም ሆነ ለስወጣት አነስተኛ ቀዶ ጥገና ብቻ ይፈልጋል ……C -ስራን አያግድም……D -እንደወጣ ወዲያውኑ መፀነስ ይቻላል ……E -ከፀረ-ኤች አይ ቪ መድኃኒት ጋር ምንም ዓይነት ግጭት የለውም ……F -የወር አበባ ደም ያበዛል……G -ለማስገባት ችግር ባይኖረዉም ለማስዉጣት ግን ባለሙያዉች ፈቃደኛ አይደሉም……H -እጅ ያማል ----------I -አላውቅም ----------9 -ሌላ ካለ (ይጥቀሱ) ----------	
406	ለ403 “C” ከመረጡ ስለ ***ማህፀን ማስቋጠር*** የወሊድ መከላከያ ዘዴ ይንገሩኝ (ሴቷ በቀዶ ጥገና ማህፀኗን ማዘጋት) ***(ከአንድ በላይ መልስ መምረጥ ይቻላል)***	-ቋሚ ስለሆነ እንደገና መፀነስ አይቻልም…….A --ቀላል ቀዶ ጥገና ይፈልጋል……..B -ተደጋጋሚ የክሊኒክ ቀጠሮን ያስቀራል……C -የምክክር የግንዛቤ ስምምነት ይፈልጋል ……...D -አላውቅም ----------9 -ሌላ ካለ (ይጥቀሱ) ----------	
407	ለ403 “D” ከመረጡ ስለ	.በግብረሥጋ ግንኙነት ላይ ምንም ዓይነት ችግር	

	ወንድ ምክነት የሚያውቁትን ይንገሩኝ (የወንድን የዘር መተላለፊያ ቱቦዉን በቀዶጥገና በማስቋጠር ዘርን ማምከን) ***(ከአንድ በላይ መልስ መምረጥ ይቻላል)***	አያስከትልም ----------A ንፅህናውን የጠበቀ ቀላል ቀዶ ጥገናን ይፈልጋል------B .የወንድ ዘር ፍሬ መመንጨት ስለሚቋረጥ ማስፀነስ አይችልም……..……C .የምክክርና የግንዛቤ ስምምነት ይፈልጋል……D .አላውቅም ----------9 .ሌላ ካለ (ይጥቀሱ) ----------	

ክፍል 5፡- ስለ ረዥምና ዘላቂ የወሊድ መቆጣጠሪያ ዘዴ የእናቶች ዝንባሌን የሚዳስስ መጠይቅ፤ አዲስ አበባ፣ 2005 ዓ.ም፡፡

<u>ማሳሰቢያ</u>፡- ከዚህ በታች የማነብልዎትን ጥያቄ በጥሞና ያዳምጡና በጥያቄዉ መስማማት ወይም አለመስማማትዎን ይገልፁልኛል

ተ.ቁ	ጥያቄዎች	አማራጭ መልሶችና ኮድ
501	የዘላቂና ቋሚ የወሊድ መቆጣጠሪያ ዘዴዎች በርግዝና ጊዜ፡ በወሊድ ና ከወሊድ በኋላ የሚከሰቱትን የእናቶችን ሞት እና ህመም ይከላከላሉ፡፡	.በጣም አልስማማም ……1 .አልስማማም ……..2 .ሐሳብ የለኝም ……3 .እስማማለሁ …….. ……4 .በጣም እስማማለሁ ……5
502	የዘላቂና ቋሚ የወሊድ መቆጣጠሪያ ዘዴዎች ብቃት ባላቸው መ.ያተኞች ከነ መ.ሉ አቅርቦት በጤና ድርጅቶች ማግኘት ይቻላል፡፡	.በጣም አልስማማም ……..1 .አልስማማም …… ……2 .ሐሳብ የለኝም ……3 .እስማማለሁ …….. ……4 .በጣም እስማማለሁ ……..5
503	የዘላቂና ቋሚ የቤተሰብ ምጣኔ አገልግሎት የሚሰጡ መ.ያተኞች ታማኞችና ምሥጢር ጠባቂዎች ናቸው፡፡	.በጣም አልስማማም …….1 .አልስማማም …… ……..2 .ሐሳብ የለኝም ……3 .እስማማለሁ …….. ……4 .በጣም እስማማለሁ ……5
504	በክንድ ስር የሚቀበሩት የወሊድ መቆጣጠሪያ ዘዴዎች በቆዳ ስር ሲገቡም ሆነ ሲወጡ ከፍተኛ የእጅ ህመም ያስከትላሉ፡፡	.በጣም አልስማማም ……..1 .አልስማማም …… ……2 .ሐሳብ የለኝም ……...3 .እስማማለሁ …….. ……4 .በጣም እስማማለሁ ……5
505	ሉፕ መጠቀም የወሲብ ፍላጎትን ስለሚቀንስ ከቫይረሱ ጋር የሚኖሩ ሴቶች መጠቀም የለባቸዉም፡፡	.በጣም አልስማማም ……..1 .አልስማማም …….2 .ሐሳብ የለኝም ……3 .እስማማለሁ …….. ….4

		.በጣም እስማማለሁ ……5
506	ማህፀን ማስቋጠር በተለይ ከቫይረሱ ጋር ለሚኖሩ ሴቶች ለጤና አደገኛ ነዉ።	.በጣም አልስማማም ……..1 .አልስማማም …… ……..…..2 .ሐሳብ የለኝም ……..3 .እስማማለሁ …….. ……4 .በጣም እስማማለሁ ……5
507	የዘላቂና ቋሚ የወሊድ መቆጣጠሪያ ዘዴዎች ለፀረ-ኤች አይ ቪ መድኃኒት ተጠቃሚ ሴቶች በጎንዮሽ ጉዳት ምክንያት ጥሩ አይደሉም።	.በጣም አልስማማም ……1 .አልስማማም …… …….2 .ሐሳብ የለኝም ……..3 .እስማማለሁ ……..……..4 .በጣም እስማማለሁ ……5

ክፍል 6፡- ስለ ኤች አይ ቪ ምክክር እና ምርመራ እንዲሁም ስለ ፀረ-ኤች አይ ቪ መድኃኒት መረጃን የሚዳስስ መጠይቅ፣አዲስ አበባ፣2005 ዓ. ም።

ተ.ቁ	ጥያቄዎች	አማራጭ ኮዶች	ወደ----ቁጥር ይለፉ
601	የፀረ-ኤች አይ ቪ መድኃኒት ከጀመሩ ስንት ጊዜ ሆነዎት?	----------ወራት	
602	ወደፊት ሊጠቀሙት ባሠቡት የረጅም ጊዜ መቆጣጠሪያ ዘዴ እና በፀረ-ኤች አይ ቪ መድኃኒት መካከል ሊከሰት የሚችል የጤና ችግር ሊኖር እንደሚችል በሐኪምዎ ምክር ተሰጥቶዎት ያዉቃል? ***(በክንድ ስር የሚቀበር ወይም ሉፕ ሊጠቀሙ ላሰቡት ብቻ)***	-አዎ……1 - የለም/ተነግሮኝ አያዉቅም……2	604
603	ለጥያቄ ቁጥር 602 መልስዎ ‹አዎን› ከሆነ፤ ስለየትኛዉ ዓይነት የጤና ችግር ነዉ ምክር የተሰጠዎት? ***(ከ አንድ በላይ መልስ መምረጥ ይቻላል)***	-ከማህፀን ብዙ ደም ሊፈስ እንደሚችል..A የፀረኤችአይቪመድኃኒትበክንድስርየሚቀበረዉን ያገልግሎት ጊዜ እንደሚያሳጥረዉ……..B -የማህፀን ህመም……C የወሊድ መቆጠጠሪያዉ በፀረ-ኤች አይ ቪ መድኃኒት ምክንያት ሥራዉ እንደሚደናቀፍ……D -ሌሎች ካለ (ይጠቀስ)----------	
604	ባሁኑ ሰዓት የ CD4 መጠንዎ ስንት ነዉ?	----------cells/mm^3 (ሴልስ/ሚሜ^3)	
605	ባለቤትዎ የኤች አይ ቪ	-አዎ……..1	

	ምርመራ አድርገዉ ያዉቃሉ?	-ተመርምሮ አያዉቅም……2 -አላዉቅም……..9	
606	ለጥያቄ ቁጥር 605 መልስዎ ‹አዎን› ከሆነ፤የምርመራ ዉጤታቸዉ ምን ነበር?	-ፖዝቲቭ……1 -ኔጌቲቭ……..2 -መናገር አልፈልግም……3 -አላዉቅም……..9	

ጥያቄዬን ጨርሻለሁ አመሰግናለሁ!!!

ስለ ዘላቂና ቋሚ የወሊድ መቆጣጠሪያ ዘዴ ጥያቄ ወይም ይመለከተኛል የሚሉት ካለ ማንሳት ይችላሉ፤

የቃለ መጠይቅ አድራጊዉ ሙሉ ሥም፡----------ፊርማ----------

ቀን----------

<u>የተቆጣጣሪዉ ሪፖርት</u>

የቃለመጠይቁ ውጤት

1.የተሟላ ☐ ☐ በከፊል የተሟላ ☐ 3.ተቀባይነት የሌለዉ

4. ሌላ ካለ (ይጥቀሱ) ----------

የተቆጣጣሪዉ ሥም _____ ፊርማ _____ ቀን _____

Annex 5 የጥልቅ ቃለመጠይቅ የግንዛቤ እና ፈቃደኝነት መጠየቂያ

በአዲስ አበባ ዩኒቨርስቲ ጤና ሳይንስ ኮሌጅ የማህበረሰብ ጤና አጠባበቅ ት/ቤት

“የረጅም ጊዜና ዘላቂ የቤተሰብ ዕቅድ ዘዴ ፍላጎት እና ለመጠቀም ተፅዕኖ የሚያሳድሩትን ምክንያቶችን ኤች አይ ቪ በደማቸው ውስጥ ባላቸውና የፀረኤች አይ ቪ ክትትል በማድረግ ላይ ያሉ የመውለድ ዕድሜ ክልል ውስጥ (15-49 ዓመት) ባሉት ሴቶች”

የተሳታፊዎች ፈቃደኝነት መጠየቂያ ቅፅ

እንደምን አደሩ/ዋሉ? እንደምን ነዎት?

እኔ ሥሜ _____ ይባላል፡፡

በአዲስ አበባ ዩኒቨርስቲ ጤና ሳይንስ ኮሌጅ የማህበረሰብ ጤና አጠባበቅ ት/ቤት በሚደረገዉ የጥናት ቡድን አባል ነኝ፡፡

የጥናቱ ዓላማ የረጅም ጊዜና ዘላቂ የቤተሰብ ዕቅድ ዘዴ ፍላጎት እና ለመጠቀም ተዕዕኖ የሚያሳድሩትን ምክንያቶችን ኤች አይ ቪ በደማቸው ውስጥ ባላቸውና የፀረ-ኤች አይ ቪ ክትትል በማድረግ ላይ ባሉት ሴቶች ላይ የዳሰሳ ጥናት ለማድረግ ነዉ።

በዚህ ሆስፒታል የፀረ-ኤች አይ ቪ ክትትል ክፍል የኤች አይ ቪ ቫይረስ በደማቸው ውስጥ ኖሮ የወሊድ መቆጣጠሪያ የሚጠቀሙ ሴቶችን እና በዚህ የክትትል ክፍል ውስጥ የሚሠሩ የጤና ሙያተኞችን ቃለመጠይቅ አደርጋለሁ።

ጥናቱ በተሳታፊዎች ላይ የሚያደርሰዉ ምንም ዓይነት ጉዳት የለዉም፤የተወሰነ ሰዓት ለዉይይት ከመዉሰዱ በስተቀር። የእርስዎ ምላሾች ግን በወቅቱ ቫይረሱ በደማቸው ውስጥ ባላቸዉ ዘላቂና ቋሚ የወሊድ መቆጣጠሪያ ለሚጠቀሙ ሴቶች የፖሊሲ ቀረፃ እና የፕሮግራም አፈፃፀም ማሻሻያ ለማድረግ በጣም ጠቃሚ ነው። በዚህም ረገድ ከቫይረሱ ጋር አብረዉ የሚኖሩትን ሴቶች ተጠቃሚ ለማድረግ ይረዳል።ለጥናቱ ትክክለኛነት በጥልቅ መጠይቁ ጊዜ መቅረፀ ድምፅ በመጠቀም ድምፁን እቀርፃለሁ፤ ይህም የተነሱ ነጥቦችን ለማስታዎስ ይረዳኝ ዘንድ ነዉ።ሌላዉ ላረጋግጥልዎት የምወደዉ እርስዎ የሚሰጡኝ ማናቸዉም ዓይነት መረጃ እና ሀሳብ ሚስጢራዊነቱ የተጠበቀ እና ለዚህ ጥናት ዓላማ ብቻ የሚውል መሆኑን ነዉ። ነገር ግን የእርስዎ ሀሳብ እና ትክክለኛ መረጃ ቫይረሱ በደማቸዉ ላለባቸዉና የወሊድ መቆጣጠሪያ ለሚጠቀሙ ሴቶች የሚሰጠው የስነተዋልዶ አገልግሎት ለማሻሻል እና የምርምሩን ዋና ዓላማ ከግብ ለማድረስ ጠቃሚ ነው። በጥናቱ ላለመሳተፍም ለመሳተፍም ሙሉ መብትዎ የተጠበቀ ነዉ።

ግልፅ ያልሆነልዎት ወይንም እንዲብራራልዎት የሚፈልጉት ነገር ካለ ማንስት ይችላሉ። አሁን በጥናቱ ለመሳተፍ ፈቃደኛነትዎን ይግለፁልኝ ፤ አንዱን ይምረጡ

1) አዎ ፈቃደኛ ☐ 2) አይ ፈቃደኛ አይደለሁም ☐

ፈቃደኛ ከሆኑ መቀጠል እንችላለን።

የተሳታፊዋ ፊርማ፡----------

አመሰግናለሁ።

የስምምነት ቅፅ

በውይይቱ ላይ ለመሳተፍ ፈቃደኛ ነኝ። ምንአልባት ተጨማሪ መረጃ ቢፈልጉ: የዋናዉ ተመራማሪ ሙሉ አድራሻ፡- ሥም፡ ባንታምላክ ገላው፤ ስልክ ቁጥር ፡ 0911486289 ፤ ኢ-ሜይል፡ sosibamtish@gmail.com

ቃለመጠይቁ የተደረገበት ቀን፡_____

የሆስፒታሉ ስም፡_____

የጥልቅ መጠይቅ መምሪያ ነጥቦች

የጥናቱ ዓላማ የረጅም ጊዜና ዘላቂ የቤተሰብ ዕቅድ ዘዴ ፍላጎት እና ለመጠቀም ተዕዕኖ የሚያሳድሩትን ምክንያቶችን ኤች አይ ቪ በደማቸው ውስጥ ባላቸውና የፀረ-ኤች አይ ቪ ክትትል በማድረግ ላይ ባሉት ሴቶች ላይ የዳሰሳ ጥናት ለማድረግ ነዉ።

መረጃ ስለማህበራዊ ሁኔታ፣

1. እድሜዎ ስንት ነዉ? (በሙሉ ዓመት ይገለፅ)--------
2. ብሔርዎ ምንድን ነዉ?----------
3. *ሀይማኖትዎ ምንድን ነዉ?*----------
4. ባሁኑ ሰዓት *ሥራዎ* ምንድን ነዉ?--------
5. የትምህርት ደረጃዎት?----------
6. የጋብቻ ሁኔታ ----------
7. የወር ገቢዎ ምን ያህል ነዉ?----------

የረጅም ጊዜና ዘላቂ የቤተሰብ ዕቅድ ዘዴ ፍላጎት እና ለመጠቀም ተዕዕኖ የሚያሳድሩትን ምክንያቶችን የፀረ-ኤች አይ ቪ ክትትል በማድረግ ላይ ባሉ ሴቶች የሚሰበሰብ መረጃ

ጥያቄ 1: በእርስዎ አስተያየት *የፀረ-ኤች አይ ቪ ክትትል በማድረግ ላይ ያሉ ሴቶች ላልተፈለገ እርግዝና ክስተት ጋር ተያይዘዉ ሊኖሉ የሚችሉ ምክንያቶች ምንድን ናቸዉ?*

ጥያቄ 2: *የፀረ-ኤች አይ ቪ ክትትል ላይ ያሉ ሴቶች ስለ ቤተሰብ ዕቅድ ዘዴ* የሚያሳስባቸዉ ምንድን ነዉ? (የአጭር ጊዜ ወይስ *የረጅም ጊዜና ዘላቂ የቤተሰብ ዕቅድ ዘዴ*) እንዴት? ለምን?

ጥያቄ 3: በእርስዎ አስተሳሰብ ከቫይረሱ ጋር አብረዉ የሚኖሩ በጣም ብዙ ሴቶች የአጭር ጊዜ የወሊድ መቆጣጠሪያ ዘዴ የሚጠቀሙት ለምን ይመስልዎታል? እስኪ ያብራሩልኝ።

ጥያቄ 4፡ እስኪ ስለ *ረጅም ጊዜና ዘላቂ የቤተሰብ ዕቅድ ዘዴ ምን ያህል እንደሚያዉቁ ያብራሩንኝ?*

ስለ *ረጅም ጊዜና ዘላቂ የቤተሰብ ዕቅድ ዘዴ በቤት፡በጎረቤት እና በሰፈራችሁ ምን* ይወራል?

የሚወሩት ወሬዎች በእርስዎ ግምት ምን ያህል እውነት ናቸዉ? እስኪ ያብራሩልኝ፡፡

ጥያቄ 5፡ በእርስዎ አስተሳሰብ ከባይረሱ ጋር የሚኖሩ ሴቶች ከአጭር ጊዜ የወሊድ መቆጣጠሪያ ዘዴ ወደ *ረጅም ጊዜና ዘላቂ የቤተሰብ መቆጣጠሪያ ዘዴ* የማይቀይሩት ለምንድን ይመስልዎታል?

(ፍንጭ፤ ለመቀየር ከባለቤታቸዉ ተቃዉሞ ስለሚገጥማቸዉ፤የጎንሽ ጉዳታቸዉን በመፍራት፤ስለ *ረጅም ጊዜና ዘላቂ የቤተሰብ መቆጣጠሪያ ዘዴ* የእዉቀት/መረጃ ስለሌለ፤አቅርቦቱ ስለሌለ፤የጤና ባለሙያዎች ግንኙነት/አቀራረብ የሚስብ ስላልሆነ፤የወሊድ መቆጣጠሪያ እንደምጠቀም ምስጢር ስለማይጠበቅልን ስለሆነም መገለል እና መድሎ ስለሚፈራ፤እና ሌሎችም ተዛማጅ ምክንያቶች ካሉ እስኪ ያብራሩልኝ)

ጥያቄ 6፡ ስለ *ረጅም ጊዜና ዘላቂ የቤተሰብ መቆጣጠሪያ ዘዴ አጠቃቀም በጤና ሙያተኞች የሚሰጠዉ በምክክር የማነሳሳት አገልግሎት እንዴት ያዩታል*?

(ያልተፈለገ እርግዝናን ለመከላከል፤ከእናት ወደ ፅንስ የኤች አይ ቪ መተላለፍን ለመከላከል፤ወደፊት ልጅ ስለመዉለድ ፍላጎት በተመለከተ)

(ፍንጭ፤ የሚሰጠዉ የምክክር አገልግሎት ጥራት፤ የምክር አገልግሎት በሚሰጡበት ሰዓት በቀላሉ የማስረዳት ሁኔታ፤ ዉይይቱ የምታደርጉት በዩስንት ጊዜዉ፤ ስለሚስማማዎት ዘዴ ገለፃ ይደረጋል፡፡

ጥያቄ 7፡ እርስዎ ለወደፊት *የረጅም ጊዜና ዘላቂ የወሊድ መቆጣጠሪያ ዘዴ ለመጠቀም ምን ያህል ፍላጎት አለዎት*?

(ፍንጭ፤መቼ የሚጀምሩ ይመስልዎታል?ስለጉዳዩ ከባለቤትዎ ጋር ከተወያዩ በኃላ ወይስ መቼ? ለምን? ወዘተርፈ.....)

ወደ ረጅም የወሊድ መቆጣጠሪያ ዘዴ ለመቀየር ተፅዕኖ የሚያደርስ ሰዉ ወይም ሌላ ጉዳይ ሊኖር ይችላል ብለዉ ይገምታሉ*?*

ጥያቄ 8፡ ለመቀየር ካሰቡ ወደ የትኛዉ የረጅምና ዘላቂ የወሊድ መቆጣጠሪያ ዘዴ ሊቀይሩ አሰቡ*?* ለምን መረጡት*?*

ወደፊት የረጅምና ዘላቂ የወሊድ መቆጣጠሪያ ዘዴ *ለመቀየር ሃሳቡ የለኝም ካሉ የማይቀይሩበት ምክንያት ምን ሊሆን እንደሚችል ቢያብራሪንኝ፡-*

ጥያቄዬን ጨርሻለሁ፡፡

አመሰግናለሁ፡፡

ማስታወሰሻ፡- *ጥያቄ ቁጥር 7 እና 8 የምክክር አገልግሎት ሰጭዎችን አይመለከትም*

Assurance of Principal Investigator

The undersigned agrees to accept responsibility for the scientific ethical clearance and technical conduct of the research project and for the provision of required progress reports as per terms and conditions of the research publications office in effect at the time of grant is forwarded as the result of this application

Name of the student: Bantamlak Gelaw Tadesse

Date: _____Signature_____

Approval of the primary Advisor

Name of the primary advisor: Dr. Alemayehu Mekonnen

Date: _____Signature:_____