

**ADDIS ABABA UNIVERSITY**  
**COLLEGE OF HEALTH SCIENCES**  
**SCHOOL OF PUBLIC HEALTH**



**UTILIZATION OF LONG ACTING CONTRACEPTIVES AMONG REPRODUCTIVE  
AGE WOMEN IN ADDIS ABABA PUBLIC HEALTH CENTERS.**

**BY**  
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**A THESIS SUBMITTED TO ADDIS ABABA UNIVERSITY, COLLEGE OF HEALTH  
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## List of Acronyms

<b>FP</b>	Family Planning
<b>IUD</b>	Intra Uterine Device
<b>LAC</b>	Long Acting Contraceptive



## **Abstract**

**Background:** Long acting contraceptives such as intrauterine devices and hormonal implants are among the most effective methods that prevent unintended pregnancies. Long acting contraceptive is more convenient to clients who want to space or limit their births. Clients have better compliance to long acting contraceptive than the short acting methods, since they do not need to remember to use them or to visit family planning clinics frequently for method re-supply or administration.

**Objectives:** To assess the utilization of long acting contraceptives among female family planning users at public health centers in Addis Ababa.

**Methods:** A facility based cross sectional study that employed exit interviews with family planning clients and an assessment of the availability of the necessary resources was conducted in selected five public health centers, from March 11 –April 4, 2014 in Addis Ababa. Systematic sampling technique was used to select 447 study participants .Pre tested structured Amharic version questionnaire was used to collect the data through interview and inventory was carried out by using checklist. Both bivariate and multiple logistic regressions were used to identify associated factors.

**Result:** Of 447 female family planning users interviewed 98.9% of them were aware of long acting contraceptive methods and 23.9% were using the methods. However, 48.3% respondents have negative attitude towards long acting contraceptive. Facility assessment showed that in the health centers assessed there were no shortages of resources for provision of long acting contraceptive including equipments and supply, trained health provider and contraceptives methods. Attitude of clients, previous use of long acting contraceptive, desire to have no children in the future and discussion with partners about long acting contraceptives were factors associated with long acting contraceptives use.

**Conclusion and recommendation:** Knowledge about long acting contraceptive is high in contrary to the negative attitude for most respondents have towards the methods and low level of utilization. Providing appropriate counseling on long acting contraceptive, strengthening continuous education by model long acting contraceptive user, strengthening couple discussion and availing printed materials on long acting contraceptive are recommended.

## **1. Background**

### **1.1 Introduction**

Family planning (FP) is defined as the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. FP is a means of promoting the health of women and families and part of a strategy to reduce the high maternal, infant and child mortality(1).

There are two types of Long Acting Contraceptives ( LACs): Intra Uterine Devices (IUCDs) and the Sub dermal implant(2).

LAC is the most effective (99 percent or greater) methods of contraception. Only one action by client and provider results in years of protection against unintended pregnancy. The desirability of these methods is due to their long life span, which requires fewer visits to health providers, thus saving clients time, effort, and money while at the same time easing the patient load at health facilities. In addition, LAC does not require daily motivation on the part of users, and thus have higher continuation and effectiveness rate(3).

Ethiopia is the second-largest country in Africa, with an estimated population of nearly 89.2 million in 2013 and a growth rate of 2.6 percent per year. The total fertility rate (TFR) in Ethiopia is 4.4 lifetime births per woman(4).

Range of services offered in FP in Ethiopia include counseling, provision of contraceptive methods, screening for reproductive organ cancers, prevention, screening, and management for Sexual transmitted infections (STIs), including Human Immune Virus ( HIV) and prevention and management of infertility(1).

All modern methods which provide a wide range of protection such as voluntary surgical sterilization, IUCD, implant, pills, injectable and condoms are available in Ethiopia. The most commonly available LAC methods in Ethiopia are copper-T-380-A IUCD and Implant (implanon and jadelle) (1).

Ministry of Health (MOH) implement implanon scale-up initiative and IUCD scale-up initiative in 2009 and 2011 respectively designed to increase access to LAC method at the community level and strengthening of LAC methods(5).Review of implanon scale up program in southern

Ethiopia in 2013 indicates among clients received FP services 11% received implanon(6).  
Myths and misconceptions are also widespread for these methods in Ethiopia among clients(5).

## 1.2 Statement of the problem

Different report indicates that the utilization of LAC is low. According to population references bureau 2013 , the prevalence of LAC use is 13% in the world and LAC use coverage is 2%, for Sub-Saharan Africa(7). As of 2011, Ethiopia Demographic and Health Survey (EDHS), LAC use coverage is 3.7%, 5.4% for Ethiopia and for Addis Ababa, respectively (8). In depth analysis of 2011 EDHS indicated that prevalence of implanon in Addis Ababa was lower than the rate in different parts of Ethiopia(9). A study conducted in 2010 Kirkos subcity in Addis Ababa indicates 9.1% of married women used LAC(10). According to MOH, 2013 annual report only 7% were using LAC among FP users attending public health centers in Addis Ababa(11).

Studies done in Ethiopia indicate awareness of LAC is low. A community based Studies from Jinka and Butajira indicates that 18% and 25% participants were aware of LAC and permanent methods furthermore 26.3% of were aware to IUCD according to EDHS 2011 (12, 13).

MOH made effort to expand method mix special attention given to expansion of services for LAC aim provide of 20% of FP with LAC(14). But EDHS indicate the most popular method used Injectables.

The predominant barriers to the use of LAC in Ethiopia were shortage of availability of commodities, equipment and supplies, and training of service providers at health facilities.

Studies conducted in Ethiopia documented that factors associated with LAC use were age, knowledge, number of pregnancy, desire for more children, education, number of children, duration of FP use, discussion with husband ,ever use of LAC, decider on LAC use and source of contraceptive(12, 13, 15-18).

### **1.3 Rationale of study**

This study is conducted because there is knowledge gap in terms of what factors are affecting utilization of LAC among female FP users.

The evidences from the study can be used to inform the FP policies and programs of the FMOH thereby facilitating successes that can contribute to the achievement of national targets and millennium development goals.

The evidences from this study may help to inform effective implementation of the family planning component of the RH strategy.

## **2. Literature review**

### **Level of LAC use**

A study conducted in Mekele among FP clients indicated that there were no LAC users during data collection time(19). A study done in Bahdar indicated that 0.9% FP clients were received LAC during their visit(20).Northwest Ethiopia facility based study indicated that 1.5% FP clients were use LAC(21).A study conducted in Batu facility based study documented that 3% FP clients were received implant during their clinic visit(22).Performance, Monitoring and Accountability (PMA2020) indicated that 17.8% FP user married women were use LAC(23).A study conducted in Eastern Hararge among married FP user documented that 24.3% were use LAC(16).

### **Factors associated with LAC use**

Different factors affect choice of LAC methods by FP clients. Marie Stopes International Ethiopia has conducted assessment of Knowledge, Attitude, Practice (KAP) in five regions of Ethiopia among women of reproductive age show that 52% of were aware at least one type long-term method. The study documented that age of women, ethnicity, education, number of live birth, ever given birth, spousal/partner support, and spousal/partner communication were found to be important predictor factors of modern FP use(24).

A study conducted Kirkos subcity in Addis Ababa among married women indicates that husband education, respondent education, number of children and husband approval were found predictors of modern contraceptive use(10).

Another study done in Mekele documented that knowledge, number of pregnancy and desire for more children were significantly associated with LAC use while attitude is not significantly associated with LAC use (15).

Another study conducted in the rural part of East Hararge zone among married female FP user documented that educational status of the mother, preferred number of children and duration of FP use was found to be significantly associated with LAC method use(16).

A study conducted in Goba documented that behavioral factors like the number of times were discussed with husband/partner, ever use of LAC and decider on using LAC was found to be

predictors in using LAC while age, number of pregnancy, educational status ,religion, occupation and monthly income not associated with LAC use(17).

Community based studies conducted in Jinka and Butajira southern Ethiopia among women of reproductive age reported that knowledge and age of women were found to be an important predictors of LAC use(12, 13).

A case control study conducted in Hossana town among married women indicated that level of knowledge, discussion between partners about modern method, source of contraceptive, number of children alive and plan to give birth in future were found to be determinant of LAC use (18).

Northwest Ethiopia study among women of reproductive age documented the most commonly discussed contraceptive method was the injectable. More over 29.1%, 81.4% and 27.9% clients were told about the possible side effects of the methods, when to return for follow up visit and what to do if they experienced any problems before the next visit. Only 34% of the respondents were had enough privacy during the consultation (25).

A facility based Study conducted in Bahrdar among women of reproductive age documented that during their visit 96.3%, 74.4% and 74.4 % were told how to use the method, side effect of the method and what can to do if problems arise (20).

A study done in Batu among FP user women of reproductive age documented that of the total participants of the survey, 58.3% were aware about LAC and permanent method. Regarding the information given during their current visit 86.2% of the clients mentioned that it was just about right and 97.7% clients were given information on when to return for follow up(22).

A study done in Ambo among women age of 18-49 FP clients of public health facility indicates 57% were aware about LAC and permanent methods. The study documented that 97.6%, 62.8% participants know about implant and IUCD, respectively (26).

A study conducted in Wolaita zone among short term users at health centers indicate that 87.8%, 54% participants were heard about implant and IUCD respectively(27).

### **Barriers for LAC use**

Studies conducted in Goba, Jinka, Butajira and Debre markos of Ethiopia documented that several reasons not using LAC those reasons were fear of side effect, preferring short term,

health concerns, respondents opposed, religious prohibition, previous method inconvenient, husband/partner opposes, developing side effect, unavailability of service, becoming single, fear of sterility and on lactation by now(12, 13, 17, 28).

Facility based Studies conducted in Ethiopia reported that shortage of trained provider, equipment and supplies and availability of method were barriers of LAC use in Mekele and Batu but not for Wolaita study(19, 22, 27)

This study will be try to address factors like husband education, side effect of the methods and counseling of LAC method among FP user clients.



## Conceptual frame work

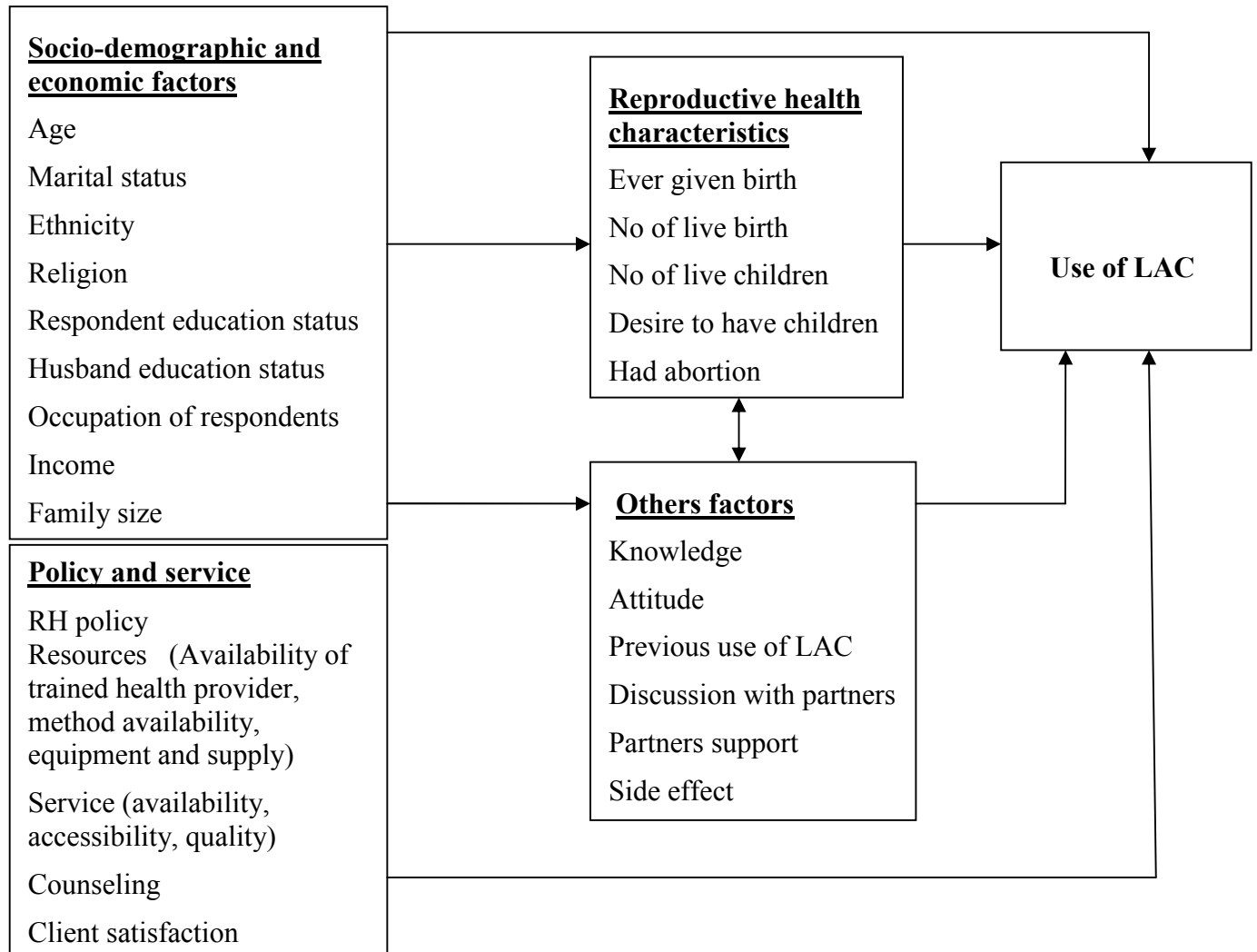


Figure 1 Conceptual frame work developed for analyzing the data by considering different literature.

### Description of conceptual frame work

Several factors affect the use of LAC in an area. Some of the factors are socio demographic, economic, reproductive health characteristics of individuals, availability of services and other policy, resources, knowledge and attitude. In this study only socio demographic, economic, reproductive health, resources , counseling ,client satisfaction, knowledge, attitude towards LAC ,previous use of LAC, discussion with partners and partners support were considered and studied to know there effect on LAC use.

### **3. Objective**

#### **3.1 General objective**

To assess the utilization of LAC among female FP users at public health centers in Addis Ababa.

#### **3.2 Specific objectives**

- To determine utilization of LAC among female FP users
- To identify factors affecting utilization of LAC among female FP users
- To assess availability of resources for the provision LAC at public health centers

## 4. Methods

### 4.1 Study area and period

Based on the 2007 population census estimation Addis Ababa, the capital of Ethiopia, has a population of 4,156,251 with annual growth rate of 3.8%. The city administration has 11 public hospitals, 37 private and nongovernmental hospitals, 75 public health centers including those under construction and more than 573 different level clinics MOH 2012 report. There are ten sub-cities in Addis Ababa. The study was conducted in five randomly selected health centers including: Nifas Silik Woreda 3 health centers, Kolife Keraniyo Woreda 9 health center, Kasanches health centers, Arada health centers and Beletshachew health centers. Average daily FP clients flow is 12 for Nifas Silik Woreda 3 health centers, 13 for Kolife Keraniyo Woreda 9 health center, 10 for Kasanches health centers, 10 for Beletshachew and 9 for Arada health centers based on the past three months client flow.

The study was conducted from March 11-April 4, 2014.

### 4.2 Study design

Facility based cross sectional study was conducted among female FP users

### 4.3 Source population

All female FP users attending FP service in public health centers in Addis Ababa

#### 4.3.1 Study population

Female FP users attending FP services in selected health centers in the study period.

#### 4.3.2 Sample size determination

The required sample size was determined using single population proportion.

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

*Assumptions:*

**Desired precision (d) =3%**

**Expected prevalence (p)** proportion of LAC use was 7% among FP users for Addis Ababa public health centers according to FMOH annual report in 2005 E.C.

**Confidence level** = 95%, which means  $\alpha$  set at 0.05 and  $Z_{\alpha/2} = 1.96$

Hence, the calculated sample size was 278.

Using **Design effect 1.5**

Adding a **10% non-response rate** the required minimum sample size (n) = 459.

#### **4.4 Sampling procedures**

The study was conducted in five health centers located in Nifassilk, Kolfekeranio, Arada, Kirkos and Lideta subcities of Addis Ababa. From ten sub-cities found in Addis Ababa we randomly selected five sub-cities using simple random sampling. One health centers was selected from each selected sub-cities using simple random sampling. The sample size was allocated to each health centers by probability proportional to size based on daily client flow. The study participants were selected by systematic sampling method from FP services clients. The first respondent from each health centers was selected randomly. The subsequent respondents were selected ever other of from the daily FP clients attendance until the required respondents were selected.

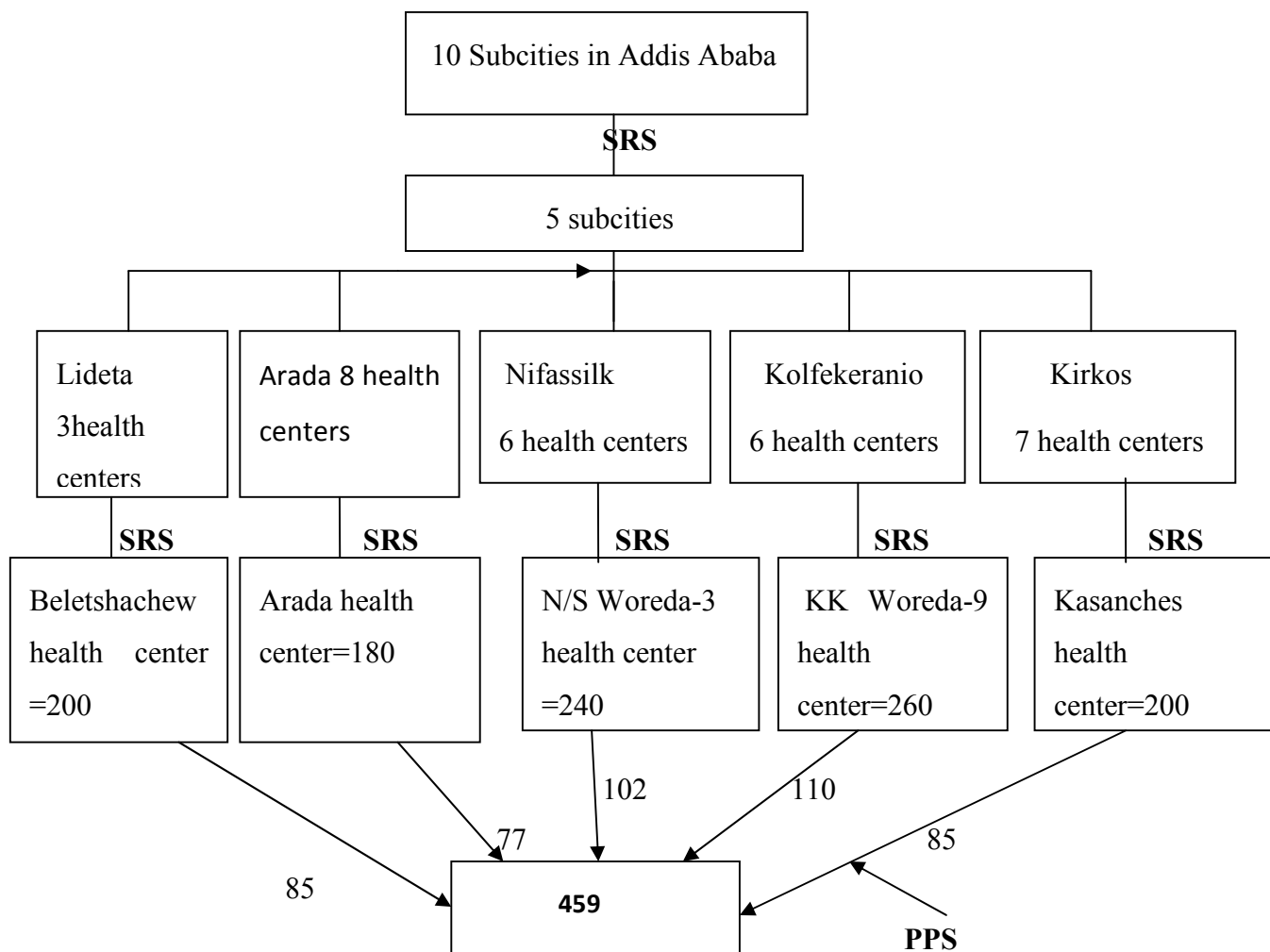


Figure 2 Schematic presentation of sampling procedures.

## 4.5 Inclusion and exclusion criteria

### 4.5.1 Inclusion criteria

- FP user women aged of 18-49 years old attending FP service during data collection time.

### 4.5.2 Exclusion criteria

- Women who come for removal contraceptive use.
- Women who are seriously ill during data collection time
- Women are not resident of Addis Ababa.

#### **4.6 Data collection**

The survey questionnaire was first prepared in English language and then translated to Amharic language. The questionnaire captures information mainly on respondent's socio-demographic characteristics, reproductive health history, and knowledge about, attitude towards and utilization of LAC. The questionnaire was adopted and developed with modification from related studies. The study participants were interviewed face to face using structured questionnaires in private room. Check list which was adopted and developed with modification from Demographic Health Survey (DHS) was used to conduct health facility assessment and was filled by principal investigator in five selected service delivery points.

There were five female health professional data collectors and one public health officer supervisor were not working in that facility. Data collectors and supervisor were trained for two days on objective of the study, method of data collection and discussed thoroughly on the tools prepared for data collection. Prior to data collection they were allowed to fill the questionnaire and later discussion was making in all contents of the questioners and areas of difficulties were revised. The supervisor was trained for additional one day how to supervise.

#### **4.7 Data quality control**

Pre-testing of data collection tool was made in similar setting and based on the results of pre testing necessary changes were made on the data collection tools.

To ensure the quality of the data, the questionnaires were translated into Amharic language and back translated to English by people who have proficiency in translation to ensure its consistency.

Regular and surprise follow up was made by the supervisor and the principal investigator. Moreover, regular checkup for completeness, consistency and legibility of the collected data was done daily based.

#### **4.8 Variables**

##### **4.8.1 Dependent variables**

Use of LAC among female FP users in public health facilities in Addis Ababa.

#### **4.8.2 Independent variables**

**Client's characteristics:** Socio-demographic and economic characteristic, reproductive health history, Knowledge, attitude

**Facility characteristics:** Trained health provider, counseling, service availability, method availability, equipment and supply and Client satisfaction.

**Partners related factors:** partner support, discussion with partners

#### **4.9 Operational definitions**

**Long acting contraceptive: Reversible** contraceptive methods including implants and intrauterine device which prevent unwanted pregnancy.

**High knowledge:** those who know 80% and above of knowledge questions.

**Moderate knowledge:** those who know 60 - 79% of knowledge questions.

**Low knowledge:** those who know less than 60% of knowledge questions.

**Positive Attitude:** those who scored above the mean on attitude items.

**Negative Attitude:** those who score mean and below mean on attitude items

#### **4.10 Data analysis procedures**

Collected data was edited, coded and entered into Epi Info version 3.5.4. Entered data were exported from Epi Info version 3.5.4 to Statistical Package for Social Sciences (SPSS) version 21.0 for cleaning and analysis. Tables and charts were used to present frequencies and percentages. Associations between dependent and independent variables were assessed and presented using odd ratio and confidence interval.  $P < 0.05$  and others factors which were significantly associated with LAC use in reviewed literature were included in the multivariable model for multivariable analysis in order to identify independent predictors of use of LAC.

#### **4.11. Ethical consideration**

Ethical clearance was obtained from Research Ethics Committee of the School of Public Health of Addis Ababa University (AAU) subsequently reviewed and approved by Addis Ababa Health Bureau Institutional Review Board (IRB), and then written permission letter was also obtained from Addis Ababa health bureau. Informed consent was obtained from all participants in verbal form. All the participants in the survey were told about their participation is on voluntary basis and their information will be kept confidential. Moreover, the purpose, advantages and disadvantages of participating in the study were told to participate.



#### **4.12. Dissemination of results**

The finding of the research will be submitted to the School of Public health, Addis Ababa health bureau and other FP stakeholders. The result will be presented in different local and international conferences, meetings and workshops. Finally, the findings will be published on peer reviewed journal.

## **5. Result**

### **5.1 Socio-demographic and Economic characteristics of the study subjects**

Four hundred forty seven women of reproductive age group participated in the interview making a response rate of 97.4%. The majority, 350 (78.3%) of participants were in the age group of 20-34 with mean age of (28.3±5.6). Most of participants 381(85.2%) were married, Orthodox Christians, 305(68.2%), Amhara by ethnicity 182(40.7%) and housewives by occupation 208(46.5%). 321(72%) of the participants and 390(87.3%) of their partners have formal education. Furthermore, 239(53.5%) respondents had family size of four and more members.

**Table 1 Socio-demographic and economic Characteristics of female family planning users at public health centers in Addis Ababa 2014**

<b>Variables</b>	<b>Numbers</b>	<b>Percent</b>
<b>Age of respondent(N=447)</b>		
18-24	109	
25-29	165	36.9
30-34	97	21.7
35-39	61	13.6
40-45	15	3.4
<b>Marital status (N=447)</b>		
Single	54	12.1
Married	381	85.2
Divorced	12	2.7
<b>Religion (N=447)</b>		
Orthodox	310	69.3
Muslim	89	19.9
Protestant	48	10.7
<b>Ethnicity(N=447)</b>		
Amhara	182	40.7
Guragie	118	26.4
Oromo	112	25.1
Tigerie	35	7.8
<b>Respondent education(N=447)</b>		
Not able to read and write	126	28.2
Primary	128	28.6
Secondary	118	26.4
College and above	75	16.8
<b>Partner education (N=447)</b>		
Not able to read and write	57	12.8
Primary	132	29.5
Secondary	163	36.5
College and above	95	21.3
<b>Family size (N=447)</b>		
< 4 in number	208	46.5
> 4 in number	239	53.5
<b>Monthly income(N=447)</b>		
<1000 Birr	118	26.4
1000-2000 Birr	205	45.9
>2000 Birr	124	27.7

## **5.2 Reproductive health characteristics of the study population**

Majority of the respondents 366 (81.9%) reported that they gave birth to a child at least once. The mean age at their first marriage was  $(21 \pm 7.7)$ , 343(93.7%) of them have given birth to their first child at or after age of 18. The mean number of children respondents reported to have was 1.6, 319(71.4%) of them want to have children in the future. For almost all of the respondents 296 (98.2%) husband and wife jointly decide on the number of children they want. One hundred twenty four (27.7%) respondents had history of abortion.

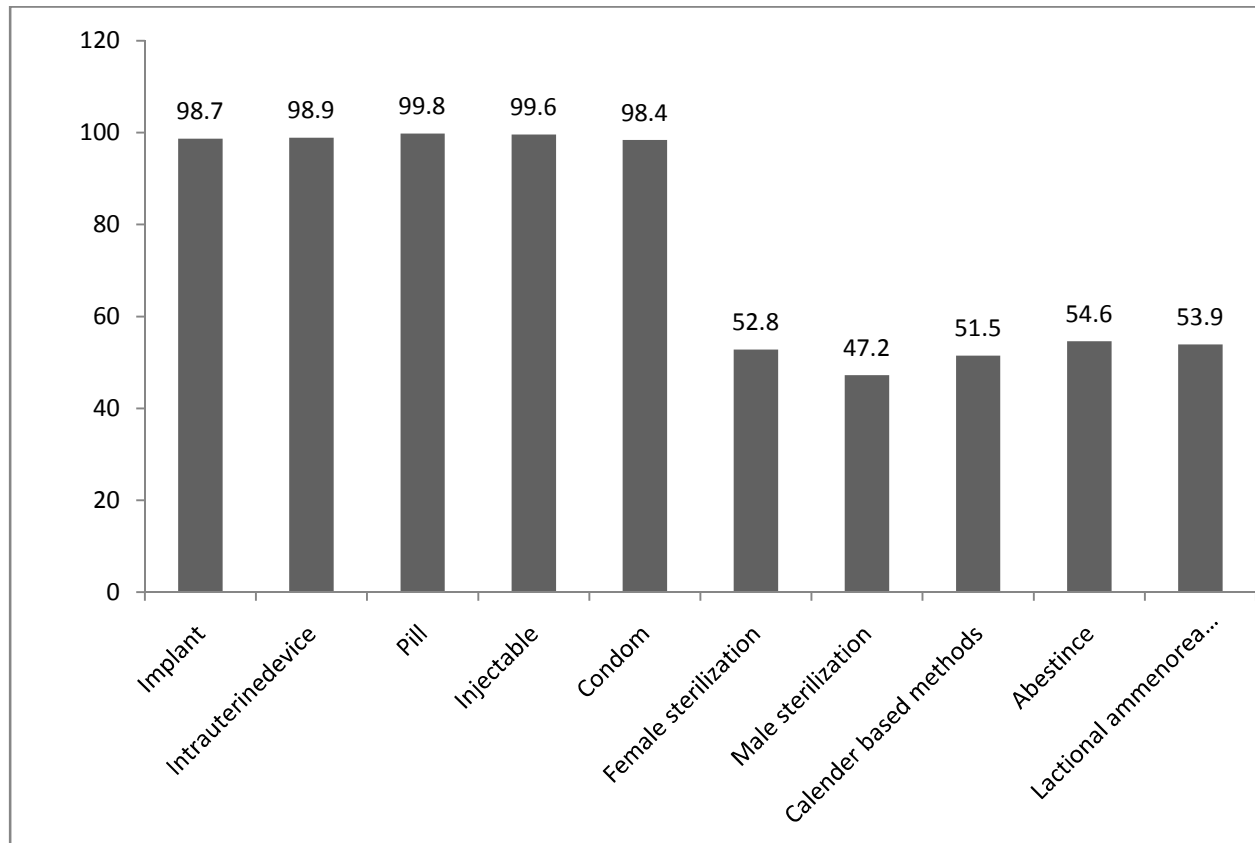
**Table2 Reproductive health characteristics of female family planning users at public health centers in Addis Ababa 2014**

<b>Variables</b>	<b>Number</b>	<b>Percent</b>
<b>Age at first marriage (N=393)</b>		
<18years	55	14
>18 years	338	86
<b>Age at delivery(N=366)</b>		
<18years	23	6.3
>18 years	343	93.7
<b>Number of deliveries (N=447)</b>		
0	81	18.1
1-2	262	58.6
3-4	88	19.7
5 and more	16	3.6
<b>Number of live births (N=447)</b>		
0	81	18.1
1-2	267	59.7
3-4	85	19
5 and more	14	3.1
<b>Number of alive children (N=447)</b>		
0	84	18.8
1-2	269	60.2
3-4	84	18.8
5 and more	10	2.2
<b>Desire for children(N=447)</b>		
Yes	319	71.4
No	113	25.3
Do not know	15	3.4
<b>No of want children(N=319)</b>		
1	59	18.5
2	133	41.7
3 and above	127	39.8
<b>Responsible for deciding number of children(N=319)</b>		
Both	296	92.8
Husband/wife	23	7.2
<b>Number of abortion(N=124)</b>		
One	93	75
Two and above	31	25

### 5.3 General awareness female FP users on LAC

Respondents were aware of at least one form of FP methods. Implants IUCD, Pill, Injectables and Condoms were the methods almost all of respondents have heard about. Permanent and traditional methods were the least known.

**Figure 3 Awareness of contraceptive methods among female family planning users at public health centers in Addis Ababa 2014**



Concerning the general awareness on LAC, almost all, 442 (98.9%) participants have knowledge about LAC. Out of these, 369(82.3%) and 341(77.1%) participants mentioned implant and (IUCD) as LAC methods, respectively. The major source of information was health institution 391(87.5%) followed by mass media 209 (46.8%). Regarding the general uses of LAC as any contraceptives methods, 285 (63.8%) of the respondents know that LAC are useful to prevent unwanted pregnancy and 267(59.7%) know that LAC can be used for child spacing. Furthermore 189(42.3%) know that LAC can be used to limit family size and 126(28.2%) know LAC can contribute to preventing maternal mortality and morbidity.

Respondent's level of knowledge was measured by the total number of correct answers they provide to 12 questions on knowledge with a minimum score of 0 point and maximum of 12 point. After adding each response point then to measure the knowledge it was categorized based on the percent of knowledge of the distinct characteristics of LAC: "high" - those who knew 80% and above knowledge question, "moderate" those who know 60 - 79% knowledge question and "low" those who knew less than 60% knowledge question.

Concerning the overall knowledge of women of reproductive age about LAC 162(36.4%), 185(42.1%) and 95(21.5%) participants have high, moderate and low level of knowledge, respectively. 257(58.1%) and 278 (62.9%) of the respondents said that implants and IUCD have no side effects, respectively. Nearly one third of respondents (30.5%) said that IUCD interferes with sexual intercourse or desire, 129 (29.2%) think that implant is not immediately reversible and 152(34.4%) participants mentioned that intrauterine device (IUCD) can't be immediately removed.

**Table 3 Knowledge of contraceptive methods among female family planning users at public health centers in Addis Ababa 2014**

<b>Knowledge statements (N=442)</b>	<b>Number(Yes)</b>	<b>Percent</b>
Implant has side effect	185	41.9
Implant effectively protect from unwanted pregnancy	319	72.2
Implant can prevent unwanted pregnancies for 3 up to 5 years	373	84.4
Implant requires minor surgical procedure	269	60.9
Implant is immediately reversible	313	70.8
IUCD has side effect	164	37.1
IUCD effectively protect from unwanted pregnancy	296	67
IUCD can prevent pregnancies for 12 years	349	79
IUCD is not appropriate for female at high risk of getting STIs	368	83.3
IUCD is not interference with sexual intercourse or desire.	307	69.5
IUCD is immediately reversible	290	65.6
IUCD is not cause cancer	397	89.8
High knowledge	165	36.4
Moderate knowledge	185	42.1
Low knowledge	92	21.5



#### **5.4 Attitude of female FP users towards LAC**

There were 8 attitude questions that were used to assess the attitude of female FP users towards LAC. The items on attitude of participants towards use of LAC were scored using a 5-point likert scale with 5 responses. The responses were categorized as; ‘strongly disagree’, ‘disagree’, ‘not sure’, ‘agree’ and ‘strongly agree’. To measure the attitude of the female FP users two categories were assigned: “Positive Attitude” - those who scored above the mean on attitude items and “Negative Attitude” - those who scored the mean or below mean to attitude items.

Concerning level of attitude towards LAC about half of 231(51.7%) of the respondents have positive attitude. More than half of the respondents 275(61.5%) support use of long contraceptives and 143 (32%) of them were against use of LAC. Three fourth (75.1%) of participants were discuss about LAC with partners. Concerning their husbands/ partners attitude towards use of LAC, 252 (56.4%) of respondents reported that their partners approve use of LAC while 123(27.5%) said that their husbands/partners are against use of LAC. About half of the respondents 220(49.2%) believe that implant cause irregular menstrual bleeding, 92(20.6%) of them believe that IUCD limit women from doing heavy work 174 (38.9%) participant believe that LAC should be used only women who do not want more children. Majority of the respondents 339 (75.8%) agree that use of LAC does not need daily attention of users.

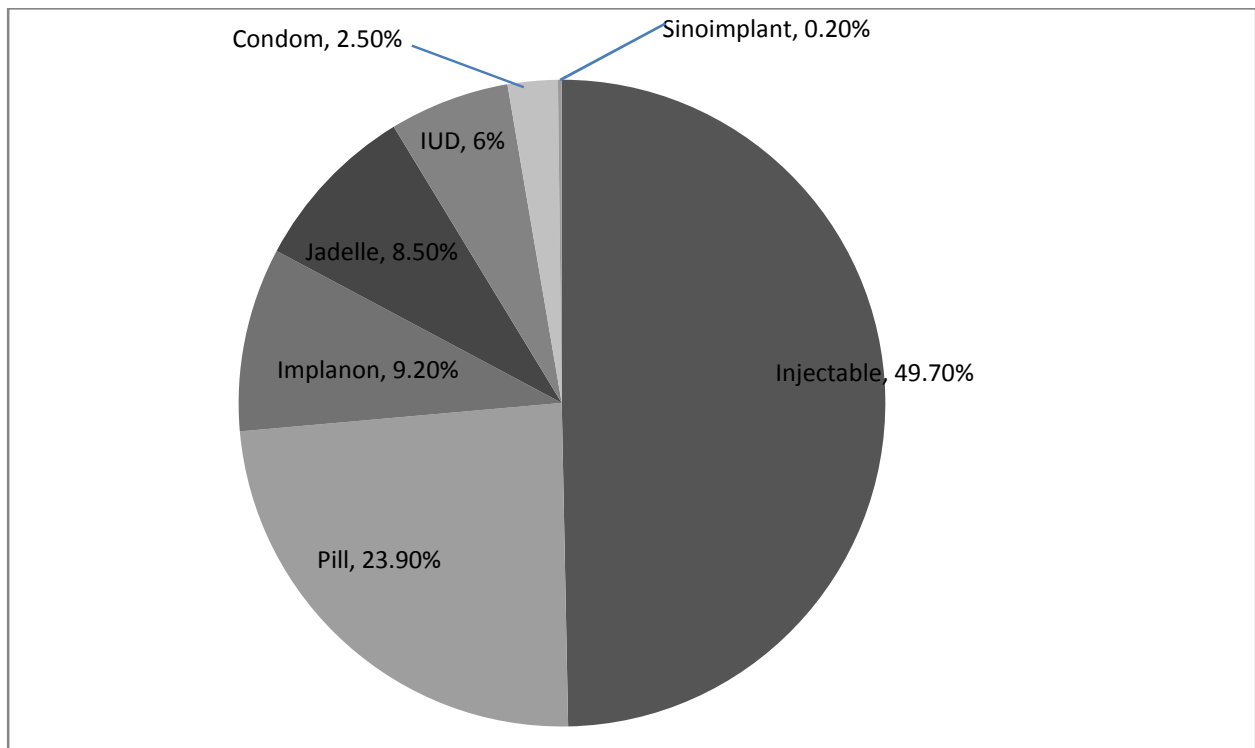
**Table 4 Attitude towards long acting contraceptive among family planning users at public health centers in Addis Ababa 2014**

<b>Attitude statements(N=447)</b>	<b>Disagree</b>	<b>Not sure</b>	<b>Agree</b>
Using implant cause not irregular menstrual bleeding	220(49.2)	129(29.9)	98(22)
Insertion and removal of implant is not pain full	130(29)	133(29.8)	184(41.2)
Insertion intrauterine contraceptive device cause not lose privacy	130(29)	167(37.4)	150(33.6)
Using intrauterine contraceptive device does not restrict to do heavy work	92(20.6)	153(34.2)	202(45.2)
Using contraceptive does not cause ectopic pregnancy	54(12.1)	218(48.8)	175(39.1)
Using long acting contraceptive save time due to not need of repeat facility visit.	102(22.8)	55(12.3)	290(64)
Using long acting contraceptive does not need daily attention of users	63(14.1)	45(10.1)	339(75.8)
Long acting contraceptive should not be used only women who do not want more children	174(38.9)	56(12.5)	217(48.5)
Positive attitude	231	51.7%	
Negative attitude	216	48.3%	

### 5.5 LAC use and reason for no use

Sixty seven (15%) of the interviewed clients reported that they had used LAC method prior to current use of LAC. Out of these, 42(62.7%) respondents used the methods for more than one year. More than half of them 39 (58.2%) reported that they experienced side effects during use of LAC. The side effects mentioned include excess menstrual bleeding 32(82.1%) and weight gain 6 (15.4%). About half of the respondents 32 (47.8%) discontinued use of LAC because they want to get pregnant 13 (40.6%), due to fear of side effect 11(34.4%) and for medical reasons 5(15.6%). 5(38.5%) mothers used LAC again after delivery from those mothers who discontinued use of LAC because they wanted to get pregnant.

Injectables 222 (49.7%) are the most commonly used form of FP method among the respondents followed by pills10 (23.9%).



**Figure 4 Distribution of modern contraceptive method by use type among female family planning at public health center in Addis Ababa 2014**

One hundred seven (23.9 %) of the respondents were using LAC. More over the proportion of LAC use among married contraceptive users was 107(23.6%). Participants reported reasons for

choosing LAC which include having enough children 20(18.7%), wanting to space 36 (33.6%), method can be used for many years 36 (33.6%) and method is safe for health 15(14%). The main reason mentioned by respondent for not using LAC was fear of side effect 267(78.5%), fear of infertility 44(12.9%), method related reasons 39(11.5%), partner disapprove 32(9.4%), using contraceptive for few duration 19(5.6), lack of detailed knowledge about LAC 15(4.4%) and becoming single 5(1.5%).

### **5.6 Counseling about FP methods**

Four hundred two (89.9%) participants reported that they discussed about different methods of FP with the provider. Three fourth of the clients discussed LAC with provider. During their visit 406(98.2 %), 430(96.2%), 327(73.2%) and 396 (88.6%) of the respondents were told about how to use the method, when to return back for follow up, side effects of the method and what to do if they encountered problems, respectively.

**Table 5 Discussion with provider about family planning method among female family planning at public health center in Addis Ababa 2014.**

<b>Variables</b>	<b>Number</b>	<b>Percent</b>
<b>Discussion with provider(N=447)</b>		
Yes	402	89.9
No	45	10.1
<b>Contraceptive method discuss with provider (N=402)</b>		
IUCD	332	82.6
Implants	334	83.1
Pill	293	72.9
Injectable	310	77.1
Condom	36	28.4
Female sterilization	28	9
Male sterilization	12	7
Abstinence	11	3
Lactional ammenoria method	9	2.7
Calendar based method	114	2.2
<b>Content of information during consultation(N=447)</b>		
Tell how to use	406	98.2
Tell side effect	327	73.2
Tell problems	396	88.6
Tell follow up	430	96.2

## **5.7 Client satisfaction**

The average waiting time was 13.46 minutes, 425(95%) clients were satisfied with length of waiting time. Three fourth of respondents said the information given by the provider was about right amount and 273(61.1%) were treated well by the provider. All of them stated that there is no problem of others seeing or hearing during their consultation with provider.

**Table 6 Client satisfaction for family planning services among female family planning users at public health centers in Addis Ababa 2014**

<b>Variables</b>	<b>Number</b>	<b>Percent</b>
<b>Wait time</b>		
5-15 minutes	353	79
16-30minutes	80	17.9
31-45minutes	14	3.2
<b>Feel waiting time</b>		
No waiting time	267	59.7
Short	158	35.3
Long	22	4.9
<b>Information received</b>		
Little	62	13.9
About right	339	75.8
Much	46	10.3
<b>Treated by the provider</b>		
Very well	166	37.1
Well	273	61.1
Not very well	8	1.8

## **5.8 Factors associated with long acting contraceptive use**

Socio demographic, reproductive health history like age, marital status, religion, ethnicity, educational status of respondent, educational status of partner, family size, occupation status, monthly income, knowledge on LAC, attitude towards LAC, previous use of LAC, number of alive children, desire to have children, abortion, discussion with partner were tested for the presence of association with LAC use by using binary logistic regression analysis. Attitude towards LAC, previous use of LAC, discussion with partner and desire to have children were found to have significant associated with LAC use on binary logistic regression analysis. The results of multivariable logistic regression analysis show that attitude towards, previous use of LAC, discussion with partner and desire to have children were found to be predictors of LAC use.

Women who discussed with partners about LAC were 2 times more likely to use the method compared to those who did not discuss with partners. (AOR=2.152, 95%CI: 1.106-4.187). Women who have positive attitude for LAC were 2 times more likely to use LAC compared to those who have negative attitude (AOR=2.242, 95%CI: 1.338-3.755). Participants who previous use of LAC were 6 times more likely to use the method compared to those who never used LAC in the past (AOR=6.067, 95%CI: 3.270-11.257). We found that women who do not want to have children in future are 2 times more likely to use LAC compared to those who have desire to deliver children in future (AOR=2.092, 95%CI: 1.151-3.804).



**Table 7 Association of use of long acting contraceptives and factors of female family planning users in Addis Ababa 2014**

Variables	Use of long acting contraceptive		Crude OR	Adjusted OR
	Yes (%)	No (%)		
<b>Attitude</b>				
Positive attitude	78(33.8)	153(66.2)	3.116(1.983-4.895)	2.242(1.338-3.755)
Negative attitude	29(13.4)	187(86.6)	1	1
<b>Previous use of LAC</b>				
Yes	35 (52.2)	32 (47.8)	4.679 (2.716-8.059)	6.067(3.270-11.257)
No	72 (18.9)	308 (81.1)	1	1
<b>Discussion with partners about LAC</b>				
Yes	89(26.5)	247(73.5)	1.862(1.064-3.259)	2.152(1.106-4.187)
No	18(16.2)	93(83.8)	1	1
<b>Desire to have (more) children</b>				
Yes	66 (20.7)	253 (79.3)	1	1
No	40 (35.4)	73 (64.6)	2.100 (1.311-3.365)	2.092(1.151-3.804)

## **5.9 Facility assessment**

An assessment of the availability of the necessary resources was conducted in five public health centers.

### **Method availability**

Availability of contraceptive methods were assessed in each health centers and among the FP methods, LACs was available and provided during data collection time. None of the health centers reported encountered stock out of LACs currently or in the last six months preceding the survey.

### **Equipment and supply**

All health centers had manual BP apparatus, stethoscope, examination light, examination bed, sample of FP method and visual aid materials but only one health center had national FP guide line and pelvic model for IUD. Items for provision of LACs were available in all health centers.

### **Trained health provider**

Clinical service provider available to see FP clients varies in number across each health centers. Number of clinical service providers range between two to a five. Two health centers had three providers trained on insertion and removal of implant and IUD the rest had two trained provider.

**Table 8 Status of public health centers for provision of long acting contraceptive Addis Ababa 2014**

<b>Variables</b>	<b>Health center A</b>	<b>Health center B</b>	<b>Health center C</b>	<b>Health center D</b>	<b>Health center E</b>
Provide LACs	Yes	Yes	Yes	Yes	Yes
LACs currently in stock	Yes	Yes	Yes	Yes	Yes
Stock out of LACs in last six month	No	No	No	No	No
Items available for provision IUD	observed	observed	observed	observed	Observed
Items available for provision Implants	observed	observed	observed	observed	Observed
Number trained staff on insertion and removal of implant and IUD	3	2	2	3	2
National FP guide line available	Yes	No	No	No	No
Weighing clients routinely done	Observed	Observed	Observed	Observed	Observed
Taking blood pressure routinely done	Observed	Reported not seen	Reported not seen	Reported not seen	Reported not seen
Available of IEC materials like leaflets	Few in number	Few in number	Few in number	Few in number	Few in number

## 6. Discussion

According to the result obtained, the proportion of married women currently using LAC methods was consistent with study done in East Hararge (16). It is slightly higher compared to the rate reported by Performance, Monitoring and Accountability (PMA) 2020 (23). The reason for differences might be due to PMA 2020 study cover different part of Ethiopia, study area differences and age of respondent differences.

The present study attempted to show women of reproductive age who have positive attitude more likely to use LAC compared to those who have negative attitude. This finding is not supported by study done in Mekele (15). The difference in findings could be explained by the attitude questions included in the attitude measurement in the study done in Mekele.

The study indicated that respondents who had discussion about LAC with their partners were more likely to use LAC than those who had no discussion. This is agreed study done Hossana (18), this similarity may occurred to both study area are urban and recent involvement of husbands in family planning decision. But is not similar with Jinka and Butajira study (12, 13). This difference occurred due to study area differences and time gap differences lead to family planning is not related to women issues. On another hand in this study number of discussion was held with partners is not significantly associated with LAC use. This differs from Goba study (17). This may be happened due to recall bias of number of discussion was held with partners. Women who are discuss with husband want limit number of children based on their economic status so men involvement in family planning programs lead to increase utilization of LAC methods among women.

We found that mothers who had prior experience of LAC use were more likely to use than those who had no previous experience of LAC use. This result is supported by study done in Goba town (17). This implies that increasing provision of LAC lead to utilize by many women gradually stable the population with economic level.

The result of this study shows that, women do not want to have children in the future are more likely to use LAC compared to those who have desire to deliver children in the future. This finding is agreed to study conducted in Mekele and Hossana (15,18). This indicate women are mistrust the method believe that it has effect on child out come.

According to the result of the current study, there were no barriers related to availability of contraceptive, Equipment and supply and trained personnel for LAC. This is similar to Wolaita study (27). This similarity due to FMOH made great effort expanding resources for LAC provision. But it is somewhat differs from Mekele and Batu findings (19, 22). The possible explanation for this could be time gap differences increase number of utilizers lead to improving resources for LAC.

The most discuss FP methods with provider were IUD and implant. This is different from the study conducted in Gondar and Mekele (19, 25). This may be due to availability trained providers in our study and time difference when the other studies were conducted.

Study participants reported that there is no problem of others seeing or hearing during their consultation with providers. This is better compared to the proportion of women who reported that their consultations were held in environment that respect their privacy in the study conducted in Gondar (25). This may due to availability of adequate consultation rooms for family planning services and provider perception towards confidentiality.

As shown in the present study, the main reason mentioned by respondents for not use LAC was fear of side effect. This finding is similar to study conducted in different part of Ethiopia (12,13, 17, 28). This indicates misconception about the LAC method widespread to over all the country.

## **7. Strength and limitation of the study**

### **Strength**

The study used facility based survey and facility assessment to identify client and facility level factors that may affect use of LAC.

The study assessed knowledge on, attitude toward and use of LAC among female FP users giving evidence on barriers for LAC non-use which can be used by policy makers and program implementers to address the barriers.

### **Limitation**

The study participants were interviewed after consultation it may have effect on level of knowledge and attitude toward of LAC of participants.

The study was tried to measure some variables like income and abortion it may not show the true association with LAC use because income by itself not measure economic status and abortion lead to social desirability biases.

The study used facility based survey; it may undermine generalizing the result to general population.

The study was used cross –sectional study designs so it is difficult to establish cause and effect relationship.

## **8. Conclusion**

LAC use among female FP users in health centers in Addis Ababa is higher than the LAC use rate reported in other studies in Ethiopia but the method mix is still dominated by short acting methods including Injectables and pills.

LAC awareness among female FP users were higher as compared to findings from others studies but correct knowledge of effectiveness , side effects about LAC and attitude towards LAC is low.

The majors factors identified as determinants of LAC use were attitude towards LAC, previously use LAC, discussion with husband and desire to have children.

Result from inventory indicated that there was no LAC stock out during data collection time and the past six months preceding the survey, there are trained staffs that can provide LAC and equipment and supply are in place.

## **9. Recommendation**

For Addis Ababa health bureau and others stakeholder work on FP: strengthen continuous education on LAC by model LAC user and advocate for method uptake during clinic visit.

For health centers: ensuring availability of printed materials like leaflets that help family planning users to understand the benefits of LAC use.

Service providers: should provide counseling on LAC during consultation, clients should be provided with complete information on the methods including their side effects.

For researchers: to conduct further researches that look into manager and staff opinion towards LAC and the effects of previous experience of child death and women participation in labour force on utilization of LAC.



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## 11. Annexes

### Annex 11.1 Exit interview for clients

#### Introduction

Greeting

Good morning/Good afternoon.

I am \_\_\_\_\_. I am working for Addis Ababa University. I am a member of a research group working in Addis Ababa health centers among mothers who come for family planning services. The main aim of this study is to assess utilization of long acting contraceptive methods and associated factors among family planning service users. The information you will give us is important to meet the objectives of the study and to develop a better family planning service in the city. You will not have any risk in participating except losing part of your time and will not affect services you receive. All the information you give will be kept confidential and we won't use your name. Moreover, you are not forced to answer to all questions and you have full right to reject, to participate or to interrupt the interview at any time. There may not be direct benefit to you participating in this study. It takes a maximum 20 minutes to finish the interview.

Please can we proceed to the question? Is there something not clear that I should clarify?

Yes \_\_\_\_\_ No \_\_\_\_\_

#### Consent form

The researcher explained the aim of the study and to decide any time if I do not want to Participate. So I assure that my interest to participate in this study is truly from my Knowledge.

Name of interviewer \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of data collector \_\_\_\_\_

If you want to know more information, you can contact the principal investigator of the research by the following address below.

Bizuayehu nigatu: Addis Ababa University, School of public health.

Cell phone +251- 0913551815,

E-mail: [buze.nigatu@gmail.com](mailto:buze.nigatu@gmail.com)

**Part 1 Socio-demographic and economic characteristics of respondents.**

**Now I am going to ask you some questions about yourself.**

NO.	QUESTIONS	CODING CATEGORIES	SKIP
	Interview code number	_____	
101	A)Date of birthday	Day__ month__ year____ No response -----99	
	B) Age of respondent (COMPARE AND CORRECT 101A AND 101B IF INCONSISTENT)	Age in completed years ____ No response----- 99	
102	What is your marital status?	Single ----- 1 Married -----2 Divorced -----3 Separated -----4 Widowed -----5 No response -----99	→104
103	What was your age at time of first marriage?	Age in completed years____ No response-----99	
104	What is your religion?	Orthodox -----1 Muslim -----2 Protestant -----3 Catholic -----4 Others (specify) -----88 No response -----99	
105	What is your ethnicity?	Amhara ----- 1 Oromo -----2 Tigerie -----3 Guragie -----4 Others (specify -----88 No response -----99	
106	Do you know how to read and write?	Yes -----1 No ----- 2	→108

		No response -----99	
107	What is the highest level of school you attended?	Enter grade _____ No response -----99	
108	Does your partner know how to read and write?	Yes ----- 1 No -----2 No response ----- 99	→10
109	What is the highest level of school your partner attended?	Enter grade _____ No response -----99	
110	Family size of respondent	Enter the number _____ No response -----99	
111	What is your occupation? ( mainly do)	Student-----1 House wife-----2 Government employ-----3 Daily laborer-----4 Merchant-----5 Nongovernmental organization employ -6 Unemployed -----7 Other (specify) -----88 No response-----99	
112	Total monthly income of Family	Enter in birr _____ No response -----99	

## Part.2 Reproductive health history

Now I am going to ask some questions about your reproductive health history.

NO.	QUESTIONS	CODING CATEGORIES	SKIP
201	Have you ever given birth?	Yes -----1 No -----2 No response -----99	→206
202	What was your age at time of	Age in completed years _____	

	first birth?	No response ----- 99	
203	How many deliveries do you have including still birth?	Enter number _____ No response -----99	
204	How many live births do you have?	Enter number. _____	
		No response -----99	
205	How many live children do you have?	Enter number. _____ No response -----99	
206	Do you want to have (more) children in the future?	Yes -----1 No -----2 No response-----99	→210
207	If yes, how many children do you want to have?	Enter number _____ No response-----99	
208	If yes why you want more children?	_____ No response----- 99	
209	Who decide on the number of children you want to have?	Husband ----- 1 Wife----- 2 Both ----- 3 Others (specify)____ 88 No response ----- 99	
210	If No for Q 206, Why not?	_____ No response -----99	

**Part 3 Knowledge about long acting contraceptive methods.**

**Now I am going to ask some questions about long acting contraceptive methods.**

N O.	QUESTIONS	CODING CATEGORIES	SK IP
301	Have you heard of any contraceptive method?	Yes ----- 1 No -----2 No response -----99	→ 40 1
	What is your source of	Health institutions -----1	

30 2	information?  (CIRCLE ALL MENTIONED BY THE RESPONDENT)	Family -----2 Friend -----3 Mass media(TV, Radio, etc) -----4 Nongovernmental organization-----5 Health extension -----6 Others specify -----88 No response ----- 99																																																				
30 3	Tell me the type of contraceptive methods you know?  (FIRST CIRCLE ALL RESPONSES MENTIONED BY THE RESPONDENT IN COLUMN WITHOUT READ YES THEN READ THE CONTRACEPTIVE METHOD DOES NOT MENTIONED BY RESPONDENT AND CIRCLE IN WITH READ COLUMN YES IF THE RESPONDENT KNOWS IT. IF THE RESPONDENT NOT KNOW IT CIRCLE COLUMN WITH READ NO)	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th>Without read</th> <th colspan="2">With read</th> </tr> <tr> <th>Yes</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Pill</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Injectables</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Implants</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Intra uterine Device(IUD)</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Female sterilization</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Male sterilization</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Calendar based method</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Abstinence</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Lactational Amenorrhea Method (LAM)</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Condom</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td colspan="4">No response -----99</td> </tr> </tbody> </table>		Without read	With read		Yes	Yes	No	Pill	1	2	3	Injectables	1	2	3	Implants	1	2	3	Intra uterine Device(IUD)	1	2	3	Female sterilization	1	2	3	Male sterilization	1	2	3	Calendar based method	1	2	3	Abstinence	1	2	3	Lactational Amenorrhea Method (LAM)	1	2	3	Condom	1	2	3	No response -----99				
	Without read	With read																																																				
	Yes	Yes	No																																																			
Pill	1	2	3																																																			
Injectables	1	2	3																																																			
Implants	1	2	3																																																			
Intra uterine Device(IUD)	1	2	3																																																			
Female sterilization	1	2	3																																																			
Male sterilization	1	2	3																																																			
Calendar based method	1	2	3																																																			
Abstinence	1	2	3																																																			
Lactational Amenorrhea Method (LAM)	1	2	3																																																			
Condom	1	2	3																																																			
No response -----99																																																						
30 4	Have you heard of long acting contraceptives methods?	Yes -----1 No -----2 No response -----99	→ 40 1																																																			
30 5	If yes tell me the type of contraceptive methods you know? (CIRCLE ALL MENTIONED BY THE RESPONDENT)	Implant -----1 Intra uterine devices (IUCD) -----2 No response -----99																																																				
30	What general uses of long	Help for prevention of unwanted pregnancies---1																																																				



6	acting contraceptive do you know? (CIRCLE ALL MENTIONED BY RESPONDENT)	Prevention of possible maternal death and ill---2 Limiting family size -----3 Child spacing-----4 Others explain-----88 No response -----99	
---	--	---	--

**Now I am going to ask some questions about long acting contraceptive methods. As I mention the following sentences Please say “YES” if it is true, if not say “NO”.**

		YES	NO	NO R	
307	Does Implant has side effect?	1	2	99	
308	Does Implant effectively protect from unwanted pregnancy?	1	2	99	
309	Does Implant can prevent unwanted pregnancies for 3 up to 5 years?	1	2	99	
310	Does Implants require minor surgical procedure during insertion and removal?	1	2	99	
311	Does Implants is immediately reversible (become pregnant quickly when removed)?	1	2	99	
312	Does Intra Uterine Device has side effect?	1	2	99	
313	Does Intra Uterine Device effectively protect from unwanted pregnancy?	1	2	99	
314	Does Intra Uterine Device can prevent pregnancies for 12 years?	1	2	99	
315	Does Intra Uterine Device is not appropriate for female at high risk of getting STIs?	1	2	99	
316	Does Intra Uterine Device is not interference with sexual intercourse or desire?	1	2	99	
317	Does Intra Uterine Device is immediately reversible (become pregnant quickly when removed)?	1	2	99	
318	Does Intra uterine Device is not cause cancer?	1	2	99	

**Part 4 Attitude towards of long acting contraceptive methods.**

**Now I am going to ask some questions about you and your partner support and discussion with partner about long acting contraceptive methods**

NO.	QUESTIONS	CODING CATEGORIES	SKIP
-----	-----------	-------------------	------

401	Do you support using long acting contraceptive?	Supporting-----1 Against -----2 Neutral----- - 3 No response-----99	
402	Do you discuss about long acting contraceptive method with your husband or friend?	Yes -----1 No -----2 No response -----99	→404
403	If yes how many time you were discussed?	One -----1 Two -----2 Three -----3 Four and above -----4 No response -----99	
404	Does your partner's support using long acting contraceptive?	Supporting-----1 Against -----2 Neutral-----3 Do not know-----4 No response-----99	

**Now I am going to ask your attitude towards long acting contraceptive. As I mention each please tell me by saying “Strongly disagree” “Disagree” “Not sure” “Agree” “Strongly disagree”.**

		S/disagree	Disagree	Not sure	Agree	S/ disagree	No response
405	Using implant is not cause irregular menstrual bleeding	1	2	3	4	5	99
406	The insertion and removal of implant is not highly pain full	1	2	3	4	5	99
407	Insertion of Intra uterine device is not cause lose privacy	1	2	3	4	5	99
408	Using Intra uterine device cause not restrict to do heavy work	1	2	3	4	5	99

409	Using long acting contraceptive cause not ectopic pregnancy	1	2	3	4	5	99
410	Using long acting contraceptive save time due to not need of repeat facility visit.	1	2	3	4	5	99
411	Using long acting contraceptive does not need daily attention of users	1	2	3	4	5	99
412	Long acting contraceptive should not be used only women who do not want more children	1	2	3	4	5	99

**Part 5 Practice of respondents on long acting contraceptive methods.**

**Now I am going to ask some questions about your practice of long acting contraceptive methods.**

NO.	QUESTIONS	CODING CATEGORIES	SKIP
501	Have you ever previously used long acting contraceptive before this time?	Yes -----1 No -----2 No response-----99	→509
502	How long did you use it?( IF THE DURATION IS LESS THAN ONE MONTH RECORDS IN WEEK , IF IT IS LESS THAN ONE YEAR RECONRDS IN MONTHS)	Year _____ Month _____ Week _____ No response-----99	
503	Have you experience any side effect?	Yes -----1 No -----2 No response -----99	→505
504	If yes tell me what that side effect experienced during your use?	_____ No response-----99	
505	Have you ever discounted using long acting contraceptive?	Yes -----1 No -----2 No response -----99	→509
506	If you discontinued the method what is /could be the	Fear of side effect-----1	

	reason?	Medical problem -----2 Fear of infertility-----3 Partner disapprove-----4 To get pregnant-----5 It is sinful-----6 Cultural taboo-----7 Others explain-----88 No response-----99	
507	If you discounted the method to get pregnant did you deliver?	Yes -----1 No -----2 No response -----99	→509
508	Did you use long acting contraceptive again after delivery?	Yes -----1 No -----2 No response -----99	
509	Did you use long acting contraceptive currently?	Yes ----- 1 No -----2 No response-----99	→512
510	Which long acting contraceptive currently using?	Implant for 5 year -----1 Implant for 4 year -----2 Implant for 3 year -----3 Intra uterine device -----4 No response -----99	
511	Why you choose long acting contraceptive?	Have enough child -----1 Want to space -----2 It used for many years-----3 It is safe for health-----4 Others specify-----88 No response -----99	

512	If you don't practice any of long acting contraceptive methods what is/are the reasons? (CIRCLE ALL MENTIONED BY THE RESPONDENT)	Fear of side effect -----1 Medical problem-----2 Fear of infertility -----3 Partner disapprove-----4 It is sinful-----5 Cultural taboo-----6 Lack of knowledge-----7 Service unavailable-----8 Others explain-----88 No response-----99	
-----	--	--	--

**Part 6 Counseling**

**Now I am going to ask some questions about your discussion with clinical health provider.**

NO.	QUESTIONS	CODING CATEGORIES	SKIP
601	Did the provider talk to you about family planning methods?	Yes -----1 No -----2 No response-----99	→ 603
602	What family planning methods did the provider talk with you about? (CIRCLE ALL MENTIONED BY RESPONDENT METHOD)	Pills-----1 Injectables -----2 Implants-----3 Intra uterine Device(IUD) -----4 Tubal Ligation -----5 Vasectomy-----6 Rhythm-----7 Abstinence-----8 Lactational Amenorrhea method-----9 Condom-----10 No response-----99	
603	Which family planning method did you received today?	Pill -----1 Injectable-----2 Intra uterine contraceptive (IUD ) -----3 Implant-----4	

		Condom-----5			
		No response-----99			
604	Did you begin to use family planning method today?	yes -----1 No -----2 No response-----99	→ 606		
605	If no, How long did you use it?( IF THE DURATION IS LESS THAN ONE MONTH RECORDS IN WEEK , IF IT IS LESS THAN ONE YEAR RECONRDS IN MONTHS)	Week _____ Month _____ Year _____ No response -----99			
606	During your consultation, did the provider	Yes	No	No response	
	A. Explain how to use the method?	1	2	99	
	B. Talk about possible side effects?	1	2	99	
	C. Tell you what to do if you have any problems?	1	2	99	
	D. Tell you when to return for follow up	1	2	99	

**Part 7 Client satisfactions**

**Now I am going to ask some questions about services you received today.**

NO.	QUESTIONS	CODING CATEGORIES	SKIP
701	How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?	Minute _____ No response-----99	
702	How do you feel your waiting time?	No waiting time-----1 Too short -----2 Too long-----3 No response-----99	
703	How do you feel the information given to you during your visit today?	Too little -----1 About right -----2 Too much -----3	

		No response-----99	
704	Does clinical provider done physical examination?	Yes -----1 No -----2	→ 706
705	Do you have a problem others see your examination?	Yes -----1 No -----2	
706	Do you have a problem others hear your consultation discussion?	Yes -----1 No -----2 non response -----99	
707	During your visit to the health centers how were you treated by the provider?	Very well -----1 Well ----- 2 Not very well -----3 No response -----99	

**Part.9 Abortion**

**After tell benefit of family planning on prevention of abortion then ask this question.**

NO.	QUESTIONS	CODING CATEGORIES	SKIP
901	Have you ever had a pregnancy was aborted?	Yes ----- 1 No -----2 No response-----99	→END
902	If yes to Q.210. How many abortions do you have?	Enter number _____	

**I have finished my questions. Thank so much for your participation.**

**Annex11.2 Checklist**

ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE FAMILY PLANING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT FAMILY PLANNING SERVICES IN THE FACILITY INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1	How many days in a month are family planning services offered at this facility?	Number s of days	
2	Does this facility <b>provide</b> (i.e., stock the commodity) or <b>prescribe, counsel or refer clients for</b> any of the	Provide	Prescribe No

	following modern methods of family planning			Counsel Or Refer	
	ORAL CONTRACEPTIVE				
	INJECTABLE				
	MALE CONDOM				
	FEMALE CONDOM				
	IUCD				
	IMPLANT				
	EMERGENCY CONTRACEPTIVE PILLS				
	COUNSEL CLIENTS ON PERIODIC ABSTINENCE				
	VASECTOMY				
	TUBAL LIGATION				
3	For each of the contraceptive methods please indicate where it is currently in stock in this health facility			If the contraceptive method is not currently in stock at this health facility, please in indicate the reason	
		YES	NO		
	ORAL CONTRACEPTIVE				
	INJECTABLE				
	MALE CONDOM				
	FEMALE CONDOM				
	IUCD				
	IMPLANT				
4	For each of the contraceptive methods please indicate where it is has been out of stock in at this health facility at any given day, in the last six months preceding the survey ,and therefore unavailable to give to clients at that time			If yes ,please indicate the number of days the contraceptive method was out of stock in your health facility in the last six months preceding the survey	If the contraceptive methods was out stock on at any given time at this health facility , in the last six months ,please indicate the reason
		YES	NO		
	ORAL CONTRACEPTIVE				
	INJECTABLE				
	MALE CONDOM				



	FEMALE CONDOM				
	IUCD				
	IMPLANT				
5	Do you have the <b>national family planning guidelines</b> available at this service area today?				1.Yes 2.No
6	May I see the national family planning guidelines?				1.Yes 2.No
7	Do you have <b>any other guidelines</b> on family planning available at this service area today?				1.Yes 2.No
8	May I see the other guidelines?				1.Yes 2.No
9	Are individual records or cards maintained at this service site for family planning clients?				1.Observed 2.Reported Not Seen
10	May I see a blank copy of the individual records or card?				1. Yes 2. No
11	Does this facility have a system whereby certain observations and parameters are routinely carried out on family planning clients before the consultation takes place? IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE.				
12	OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE. ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK: Is [ACTIVITY YOU DO NOT SEE] routinely done for all family planning clients?				
	Weighing of clients				1.Observed 2.Reported Not Seen
	Taking blood pressure				1.Observed 2.Reported Not Seen
	OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE. ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK: Is [ACTIVITY YOU DO NOT SEE] routinely done for all family planning clients?	ACTIVITY OBSERVED	ACTIVITY REPORTED NOT SEEN	ACTIVITY NOT ROUTINELY DONE	DON'T KNOW

	Weighing of clients					
	Taking blood pressure					
<b>EQUIPMENT AND SUPPLIES</b>						
1 3	I would like to know if the following items are available in this service area today and are functioning	A)AVAILABLE			B)FUNCTIONING	
		OBS ERV ED	REPOR TED NOT SEEN	NOT AVAILA BLE	YES	NO  DO NOT KNOW
	DIGITALBP APPARATUS					
	MANUALBP APPARATUS					
	STETHOSCOPE					
	EXAMINATION LIGHT(FLASHLIGHT OK)					
	EXAMINATION BED OR COUCH					
	SAMPLE OF FP METHODS					
	OTHER FP-SPECIFIC VISUAL AIDS [E.G., FLIP CHARTS, LEAFLETS]					
	PELVIC MODEL FOR IUCD					
	MODEL FOR SHOWING CONDOM USE					
1 4	Please show me the following items for the provision of IUCD or Implant methods:	OBSERVE D	REPORTED NOT SEEN	NOT AVAILABLE		
	STERILE GLOVES					
	ANTISEPTIC					

	SOLUTION			
	SPONGE HOLDING FORCEPS			
	STERILE GAUZE PAD OR COTTON WOOL			
	Please show me the following items for the provision of IUCD:			
	VAGINAL SPECULUM – SMALL	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE
	VAGINAL SPECULUM – MEDIUM			
	VAGINAL SPECULUM – LARGE			
	TENACULA (VOLSELLUM FORCEPS)			
	UTERINE SOUND			
15	Please show me the following items for the provision of Implant			
	LOCAL ANESTHETIC			
	STERILE SYRINGE AND NEEDLE	OBSERVED	REPORTED NOT SEEN	
	CANULA AND TROCHAR FOR INSERTING IMPLANT			
	SEALED IMPLANT PACK			
	SCAPEL WITH BLADE			
	MINOR SURGERY KIT (E.G., ARTERY			

	FORCEPS)		
1 7	Where are equipment such as specula or forceps that used in the provision of FP services processed for re-use?	FP service site Central location in facility Both locations No equipment  Processed in facility	
1 8	What is the final processing method used FP equipment at this service site?	Auto calve Dry heat sterilization Soak in chlorine Boil or steam  Wash with soap and water	
1 9	Describe the setting of the FP service room or area	private room other room with visual privacy only  no privacy	
2 0	How many clinical service providers are usually available to see family planning Clients?		
2 1	How many of them trained on implantation ,insert and removal of implant and IUCD		
2 2	<b>STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION</b>		
	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)		
	HAND-WASHING SOAP (MAY BE LIQUID SOAP)		
	ALCOHOL-BASED HAND RUB		
	WASTE RECEPTACLE (PEDAL BIN) WITH LID		
	DISPOSABLE LATEX GLOVES		
	DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL]		
	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH		
	NEEDLES OR AUTO-DISABLE SYRINGES WITH		

	NEEDLES	
	MEDICAL MASKS	
	GOWNS	
	EYE PROTECTION [GOGGLES OR FACE PROTECTION	

**Annex 11.3 Client exit interview Amharic translated**

**የቤተሰብ እቅድ አገልግሎት ተጠቃሚ ለሆኑ እናቶች መጠይቅ**

**የስምምነት ውል ቅፅ**

ሰላምታ

እደምን አደሩ/ዋሉ

ስሜ ----- ይባላል፤ የምሰራው ለአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ትምህርት ቤት ነው። በአዲስ አበባ በሚገኙ ጤና ጣቢያዎች የቤተሰብ እቅድ ዘዴዎች ለመጠቀም ከሚመጡ እናቶች ለማጥናት በተዋቀረው ቡድን ውስጥ አባል ነኝ። የጥናቱ ዓላማ ለቤተሰብ እቅድ ለመጠቀም ከሚመጡ እናቶች በረጅም ጊዜ የቤተሰብ እቅድ ዘዴዎች አጠቃቀም ዙሪያ ያሉ ተጉዋዳኝ ምክንያቶችን መዳሰስ ነው። የሚሰጡኝ መረጃ የጥናቱን አላማ ለማሳካት እና ጥናቱ በሚካሄድበት ቦታ ትክክለኛ የሆነ የመፍትሔ አቅጣጫ ለመቅረብ እንደ መነሻ ያገለግላል። በዚህ ጥናት በመሳተፍ ጥቂት ጊዜ ከማጥፋት በቀር የሚያጡት ነገር የለም፤ በጥናቱ በመሳተፍም በሚያገኙትም አገልግሎት ላይም ምንም ተፅዕኖ አያመጣም። በተጨማሪም ማንኛውም እርስዎ የሚሰጡት መረጃ ለሌላ አካል ተላልፎ አይሰጥም። የእርስዎም ስም በመጠይቁ ላይ አይሞላም። በመጠይቁ ላይ ሁሉንም ጥያቄዎች እንዲመልሱ አይገደዱም። በተጨማሪም ሙሉ በሙሉ ያለመሳተፍ ወይም በማንኛውም ሰአት መጠይቁን የማቋረጥ መብት አለዎት። በዚህ ጥናት ተሳታፊ በመሆንዎ በቀጥታ ሊያገኙት የሚችሉት ጥቅም አይኖርም። መጠይቁን ለማጠናቀቅ ቢበዛ የሚፈጀው ጊዜ 20 ደቂቃ ነው።

እባክዎ መቀጠል እንችላለን ወይስ ግልጽ እንዲሆንልዎት የሚፈልጉት ነገር አለ?

እንችላለን ----- አንችልም -----

የጥናቱ ሃላፊ የጥናቱን አላማ አስረድቶኛል፤ በማንኛውም ሰአት ከጥናቱ አለመሳተፍ እንደምችል ነግሮኛል። በዚህ ጥናት የተሳተፍኩት በራሴ ፍቃድ መሆኑን አረጋግጣለሁ።

ቃለመጠየቁን ያደረገው ሰው ስም -----

ቀን ---/---/---

መረጃ ሰብሳቢ ፊርማ-----

ለበለጠ መረጃ የዚህን ጥናት ኃላፊ ብዙአየሁ ንጋቱ በ 09 13 55 18 15 ደውለው ማናገር ይችላሉ።

ኢ.ሜይል [buze.nigatu@gmail.com](mailto:buze.nigatu@gmail.com)

**ክፍል.1 የማህበራዊ ዲሞክራሲያዊ እና ኢኮኖሚያዊ ሁኔታዎች**

አሁን የምጠይቅዎ የማህበራዊ ዲሞክራሲያዊ እና ኢኮኖሚያዊ ሁኔታዎች በተመለከተ ነው።

ተ.ቁ	ጥያቄ	መልስ	እለፊ
	የቃለመጠይቁ መለያ ቁጥር		
101	ሀ) የተወለዱበት ቀን	ቀን ___ ወር ___ ዓ.ም ___ መልስ አልተሰጠም -----99	
	ለ) እድሜዎ ስንት ነው? (ከጥያቄ ቁጥር 101 ሀ ጋር አመሳክሪ)	በአመት ይገለፅ _____ መልስ አልተሰጠም -----99	
102	የጋብቻ ሁኔታዎ	ያላገባች-----1 ያገባች-----2 የፈታች-----3 የተለያየች -----4 የሞተባች -----5 መልስ አልተሰጠም-----99	→ 104

103	ለመጀመሪያ ጊዜ ትዳር ሲይዙ እድሜዎ ስንት ነበር?	በአመት ይገለፅ _____ መልስ አልተሰጠም-----99	
104	ሃይማኖትዎ ምንድነው?	ኦርቶዶክስ -----1 ሙስሊም -----2 ፕሮቴስታንት-----3 ካቶሊክ-----4 ሌላ ይገለፅ -----88 መልስ አልተሰጠም -----99	
105	ብሄርዎ ምንድነው?	አማራ -----1 ኦሮሞ -----2 ትግሬ -----3 ጉራጌ -----4 ሌላ ይገለጽ -----88 መልስ አልተሰጠም -----99	
106	ማንበብ እና መጻፍ ይችላሉ?	አዎ -----1 አልችልም -----2 መልስ አልተሰጠም -----99	→ 108
107	የተማሩት ክፍተኛ የትምህርት ደረጃ ስንት ነው?	_____ መልስ አልተሰጠም -----99	
108	ባለቤት/ዎ/ዎ/ዎ ማንበብ እና መጻፍ ይችላሉ?	አዎ -----1 አይችልም -----2 መልስ አልተሰጠም -----99	→ 110
109	ባለቤት/ዎ/ዎ/ዎ የተማሩት ክፍተኛ የትምህርት ደረጃ ስንት ነው?	_____ መልስ አልተሰጠም -----99	
110	የቤተሰብዎ መደበኛ አባላት ብዛት ስንት ነው?(እርስዎን ጨምሮ)	በቁጥር ይገለፅ _____ መልስ አልተሰጠም -----99	
111	ዋነኛ የስራ ሁኔታዎ ምንድን ነው?	ተማሪ -----1 የቤት አመቤት -----2 የመንግስት ሰራተኛ-----3 የቀን ሰራተኛ -----4 ነጋዴ -----5 መንግስታዊ ያልሆነ ድርጅት-----6 ስራ ፈላጊ-----7 ሌላ (ይገለፅ) -----88 መልስ አልተሰጠም -----99	
112	የቤተሰብ አጠቃላይ የወር ገቢ መጠን ምን ያህል ነው?	መጠኑን በብር ይገለፅ _____ መልስ አልተሰጠም -----99	

**ክፍል 2 ስነ-ተዋልዶ በተመለከተ መጠይ**

**አሁን ስነ-ተዋልዶ በተመለከተ አንዳንድ ጥያቄዎች እጠይቅዎታለሁ።**

ተ.ቁ	ጥያቄ	መልስ	እለፊ
201	ልጅ ወልደው ያውቃሉ?	አዎ -----1 አላውቅም -----2 መልስ አልተሰጠም-----99	→ 206
202	የመጀመሪያ ልጅዎን ሲወልዱ እድሜዎ ስንት ነበር?	በአመት ይገለፅ _____ መልስ አልተሰጠም-----99	
203	የወለዱቸው ልጆች ብዛት በአጠቃላይ ስንት ነው (ግተው የተወለዱትን ጨምሮ)?	በቁጥር ይገለፅ _____ መልስ አልተሰጠም -----99	
204	በህይወት የወለዱቸው ልጆች ብዛት በአጠቃላይ ስንት ነው?	በቁጥር ይገለፅ _____ መልስ አልተሰጠም -----99	
205	በህይወት ከተወለዱት ውስጥ አሁን ስንቶቹ በህይወት ይገኛሉ?	በቁጥር ይገለፅ _____ መልስ አልተሰጠም-----99	
206	ወደፊት (ተጨማሪ) ልጆች እንዲኖርዎ ይፈልጋሉ?	አዎ-----1 አልፈልግም-----2 አላውቅም-----3	→210

		ወሳኝ ባለቤቱ ነው-----4 መልስ አልተሰጠም-----99	
207	ለጥያቄ ቁጥር 205 መልስዎ አዎ ከሆነ ምን ያህል ልጆች እንዲኖርዎ ይፈልጋሉ?	በቁጥር ይገለጹ _____ መልስ አልተሰጠም-----99	
208	ተጨማሪ ልጅ የሚፈልጉበት ምክንያት ምንድን ነው?	_____	
		መልስ አልተሰጠም-----99	
209	ወደፊት ሊኖርዎት በሚፈልጉት የልጆች መጠን ላይ ወሳኝ ማነው?	ባለቤት-----1 እርስዎ-----2 ሁለቱም-----3 ሌላ ካለ ይገለጹ-----88 መልስ አልተሰጠም-----99	
210	ለጥያቄ ቁጥር 205 መልስዎ አልፈልግም ከሆነ ለምን?	_____	
		መልስ አልተሰጠም-----99	

**ክፍል.3 ስለየረጅም ጊዜ የቤተሰብ እቅድ ዘዴዎች ግንዛቤ መጠይቅ**  
**አሁን የምጠይቅዎ ስለየረጅም ጊዜ የቤተሰብ እቅድ ዘዴዎች ግንዛቤን በተመለከተ ነው።**

ተ.ቁ	ጥያቄ	መልስ	እለፊ																																												
301	ስለ ቤተሰብ እቅድ ዘዴዎች (እርግዝና መከላከያ) ሰምተው ያውቃሉ?	አዎ -----1 አልሰማሁም -----2 መልስ አልተሰጠም -----99	→ 301																																												
302	መረጃ ከየት አገኙ?(ከአንድ በላይ መልስ ይቻላል)	ከጤና ተቋም -----1 ከቤተሰብ -----2 ከንጹኝ-----3 ከመገናኛ ብዙሃን -----4 ከመንግስታዊ ያልሆነ ድርጅት -----5 ከጤና ኤክስቴንሽን -----6 ሌላ ካለ ይገለጹ -----88 መልስ አልተሰጠም -----99																																													
303	ከቤተሰብ እቅድ ዘዴዎች (እርግዝና መከላከያ) ውስጥ ሰምተው የሚያውቁት የትኛውን ዘዴ ነው? <i>(ከአንድ በላይ መልስ ይቻላል)</i>  <i>ማውጣት:- “ሌላስ ምን ዓይነት የእርግዝና መከላከያ ሰምተዋል”</i>  <i>መልስ ሰጪዎ የሚያውቁትን የእርግዝና መከላከያዎች በሙሉ ከዘረዘሩ በኋላ ያልተጠቀሱትን የእርግዝና መከላከያ ዘዴዎች በማንበብ አዎ ያሉትን ሁለተኛ አምድ ላይ 2ን አክብቡ።</i>  <i>ያልተጠቀሱትን ምልክቶች አንብባችሁም የለም ካሉ 3ን አክብቡ።</i>	<table border="1"> <thead> <tr> <th></th> <th>ያለማንበብ አዎ</th> <th>በማንበብ አዎ</th> <th>የለም</th> </tr> </thead> <tbody> <tr> <td>የሚዋጥ ፒል የእርግዝና መከላከያ</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>በመርፌ የሚሰጥ የእርግዝና መከላከያ</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>በክንድ ውስጥ የሚቀበር የእርግዝና መከላከያ</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>በማህፀን ውስጥ የሚቀመጥ እርግዝና መከላከያ (ሉፕ)</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>በቀዶ ጥገና የሚሰራ ዘላቂ (የሴት) እርግዝና መከላከያ</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>በቀዶ ጥገና የሚሰራ ዘላቂ (የወንድ) እርግዝና መከላከያ</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>የቀን አቆጣጠር ዘዴ</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>ግንኙነት ማቆም ወይም አለመፈጸም</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>ሀፃኑን የጡት ወተት ብቻ በመመገብ እርግዝናን መከላከል</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>ኮንዶም</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		ያለማንበብ አዎ	በማንበብ አዎ	የለም	የሚዋጥ ፒል የእርግዝና መከላከያ	1	2	3	በመርፌ የሚሰጥ የእርግዝና መከላከያ	1	2	3	በክንድ ውስጥ የሚቀበር የእርግዝና መከላከያ	1	2	3	በማህፀን ውስጥ የሚቀመጥ እርግዝና መከላከያ (ሉፕ)	1	2	3	በቀዶ ጥገና የሚሰራ ዘላቂ (የሴት) እርግዝና መከላከያ	1	2	3	በቀዶ ጥገና የሚሰራ ዘላቂ (የወንድ) እርግዝና መከላከያ	1	2	3	የቀን አቆጣጠር ዘዴ	1	2	3	ግንኙነት ማቆም ወይም አለመፈጸም	1	2	3	ሀፃኑን የጡት ወተት ብቻ በመመገብ እርግዝናን መከላከል	1	2	3	ኮንዶም	1	2	3	
	ያለማንበብ አዎ	በማንበብ አዎ	የለም																																												
የሚዋጥ ፒል የእርግዝና መከላከያ	1	2	3																																												
በመርፌ የሚሰጥ የእርግዝና መከላከያ	1	2	3																																												
በክንድ ውስጥ የሚቀበር የእርግዝና መከላከያ	1	2	3																																												
በማህፀን ውስጥ የሚቀመጥ እርግዝና መከላከያ (ሉፕ)	1	2	3																																												
በቀዶ ጥገና የሚሰራ ዘላቂ (የሴት) እርግዝና መከላከያ	1	2	3																																												
በቀዶ ጥገና የሚሰራ ዘላቂ (የወንድ) እርግዝና መከላከያ	1	2	3																																												
የቀን አቆጣጠር ዘዴ	1	2	3																																												
ግንኙነት ማቆም ወይም አለመፈጸም	1	2	3																																												
ሀፃኑን የጡት ወተት ብቻ በመመገብ እርግዝናን መከላከል	1	2	3																																												
ኮንዶም	1	2	3																																												
304	ለረጅም ጊዜ ስለሚያገለግሉ የቤተሰብ እቅድ ዘዴዎች ሰምተው ያውቃሉ? (አንድ ጊዜ	አዎ -----1 የለም -----2	→401																																												

	በመጠቀም ለአመታት የሚያገለግል ዘዴ ነገር ግን ዘላቂ ያልሆነ)	መልስ አልተሰጠም -----99	
305	የሚያውቁትን የረጅም ጊዜ የቤተሰብ እቅድ ዘዴ ይጥቀሱ? (የተጠቀሰውን ብቻ አክብቢ)	በክንድ ውስጥ የሚቀበር እርግዝና መከ-----1 በማህፀን ውስጥ የሚቀመጥ እርግዝና-----2 መልስ አልተሰጠም-----99	
306	የረጅም ጊዜ የቤተሰብ እቅድ አገልግሎት ዘዴዎች አጠቃላይ ጥቅሞች ምን ምን ናቸው? (አንድ ጊዜ በመጠቀም ለአመታት የሚያገለግል ዘዴ ነገር ግን ዘላቂ ያልሆነ)(አንድ በላይ መልስ ይቻላል)	ያልተፈለገ እርግዝና መከላከል ----- 1 የእናቶች ሞትንና ህመም መከላከል -----2 የቤተሰብ መጠን ለመወሰን -----3 አራርቆ ለመውሰድ -----4 ሌላ ካለ ይገለጹ -----88 መልስ አልተሰጠም -----99	

**አሁን ከዚህ ቀጥሎ የምጠይቅዎትን ትክክል ነው ካሉ “አዎ” በማለት ትክክል አይደለም ካሉ “የለም” በማለት ይመልሱ::**

		አዎ	የለም	መልስ አልተሰጠም
307	በክንድ ውስጥ የሚቀበረው የእርግዝና መከላከያ የጎንዮሽ ጉዳት አለው?	1	2	99
308	በክንድ ውስጥ የሚቀበረው የእርግዝና መከላከያ ዘዴ ያልተፈለገ እርግዝናን ለመከላከል በጣም ውጤታማ ( አስተማማኝ ) ነው?	1	2	99
309	በክንድ ውስጥ የሚቀበረው የእርግዝና መከላከያ ዘዴ ከ3-5 አመት ያገለግላል?	1	2	99
310	በክንድ ውስጥ የሚቀበረው የእርግዝና መከላከያ ዘዴ በክንድ ውስጥ ለመቅበርና ለማስወጣት አነስተኛ ቀዶ ጥገና ያስፈልጋል?	1	2	99
311	በክንድ ውስጥ የሚቀበረው የእርግዝና መከላከያ ዘዴ ከክንድ ውስጥ በማውጣት ወደያውን ማርገዝ ይቻላል?	1	2	99
312	ሉፕ/በማህፀን የሚቀመጠው የእርግዝና መከላከያ ዘዴ የጎንዮሽ ጉዳት አለው?	1	2	99
313	ሉፕ/በማህፀን የሚቀመጠው የእርግዝና መከላከያ ዘዴ ያልተፈለገ እርግዝናን ለመከላከል በጣም ውጤታማ ( አስተማማኝ ) ነው?	1	2	99
314	ሉፕ/በማህፀን የሚቀመጠው የእርግዝና መከላከያ ዘዴ እርግዝናን እስከ አስራ ሁለት አመት ይከላከላል?	1	2	99
315	ሉፕ/በማህፀን የሚቀመጠው የእርግዝና መከላከያ ዘዴ በአባለዘር በሽታ የመጠቃት እድላችው ከፍ ላለተመራጭ አይደለም?	1	2	99
316	ሉፕ/በማህፀን የሚቀመጠው የእርግዝና መከላከያ ዘዴ በወሲብ ግንኙነት ላይ ተጽእኖ አይኖረውም?	1	2	99
317	ሉፕ/በማህፀን የሚቀመጠው የእርግዝና መከላከያ ዘዴ ከማህፀን በማውጣት ወደያውኑ ማርገዝ ይቻላል?	1	2	99
318	ሉፕ/በማህፀን የሚቀመጠው የእርግዝና መከላከያ ዘዴ የካንሰር በሽታን አያመጣም?	1	2	99

**ክፍል.4 ስለ ረጅም ጊዜ የቤተሰብ እቅድ አገልግሎት አመለካከት መጠይቅ አሁን የምጠይቅዎ ለረጅም ጊዜ የቤተሰብ እቅድ ያለዎትን የእርስዎን እና የባለቤዎትን /የጓደኛዎ ድጋፊና መወያይት402 በተመለከተ ነው::**

ተ.ቁ	ጥያቄ	መልስ	እሴ
401	ለረጅም ጊዜ የሚያገለግሉ የቤተሰብ እቅድ ዘዴዎችን (በክንድ ላይ የሚቀበረው ወይም ሉፕ/በማህፀን የሚቀመጠው) መጠቀምን ይደግፋሉ?	እደግፋለሁ -----1 አልደግፍም ----- 2 ገለልተኛ ----- 3 መልስ አልተሰጠም -----99	
402	ከባለቤትዎ/ጓደኛዎ ጋር ስለ ረጅም ጊዜ የቤተሰብ እቅድ ዘዴዎች ትወያዩ ነበር?	እንወያለን ----- 1 አንወያይም -----2 መልስ አልተሰጠም ----- 99	104



403	መልስዎ እንወያየለን ከሆነ ስንት ጊዜ ተወያይታችሁ ነበር?	አንድ ጊዜ -----1 ሁለት ጊዜ-----2 ሶስት ጊዜ-----3 አራትና ከዚያ በላይ-----4 መልስ አልተሰጠም-----99	
404	ባለቤትዎ/ንደኛዎ የረጅም ጊዜ የቤተሰብ እቅድ ዘዴዎችን መጠቀምዎን ይደግፋሉ?	ይደግፋል ----- 1 አይደግፍም -----2 ገለልተኛ -----3 አላውቀም ----- 4 መልስ አልሰጠም -----99	

አሁን የምጠይቅዎት ለረጅም ጊዜ የቤተሰብ እቅድ ዘዴ ያለሁትን አመለካከት በተመለከተ ነው “በጣም አልሰማም” “አልሰማም” “እርግጠኛ አይደለሁም” “እስማማለሁ” “በጣም እስማማለሁ” በማለት ይመልሱልኛል።

		በጣም አልሰማም	አልሰማም	እርግጠኛ አይደለሁም	እስማማለሁ	በጣም እስማማለሁ	መልስ አልተሰጠም
403	በአንድ ላይ የሚቀበረው የቤተሰብ እቅድ ዘዴ የወር አበባ መፍሰስ መዛባትን አያመጣም።	1	2	3	4	5	99
404	በአንድ ውስጥ የሚቀበረው የቤተሰብ እቅድ ዘዴ መቅበርና ማውጣት በጣም አያምም።	1	2	3	4	5	99
405	ሉፕ/በማህፀን የሚቀመጥ የቤተሰብ እቅድ ዘዴ በሚገባበት ጊዜ ነፃነትን(የግል ነገርን ወይም ገመናን) አያጋልጥም።	1	2	3	4	5	99
406	ሉፕ/በማህፀን የሚቀመጥ የቤተሰብ እቅድ ዘዴ ከባድ ስራ መስራት አይከለክልም።	1	2	3	4	5	99
407	ለረጅም ጊዜ የሚያገለግሉ የቤተሰብ እቅድ ዘዴዎችን መጠቀም ከማህጸን ውጪ እርግዝና አያስከትልም።	1	2	3	4	5	99
408	ለረጅም ጊዜ የሚያገለግሉ የቤተሰብ እቅድ ዘዴዎችን መጠቀም በተደጋጋሚ ወደ ጤና ተቋም መሄድ አለማስፈለጉ ጊዜን ይቆጥባል።	1	2	3	4	5	99
409	ለረጅም ጊዜ የሚያገለግሉ የቤተሰብ እቅድ ዘዴዎችን መጠቀም በየቀኑ ማስታወስ አለማስፈለጉ ጥሩ ነው።	1	2	3	4	5	99
410	ለረጅም ጊዜ የሚያገለግሉ የቤተሰብ እቅድ ዘዴዎችን መጠቀም ያለባቸው ተጨማሪ ልጅ የማይፈልጉ እናቶች ብቻ አይደሉም።	1	2	3	4	5	99

ክፍል 5 የረጅም ጊዜ የቤተሰብ እቅድ ዘዴ አጠቃቀምን በተመለከተ

አሁን የምጠይቅዎት የረጅም ጊዜ የቤተሰብ እቅድ ዘዴን መጠቀምን በተመለከተ ነው።

ተ.ቁ	ጥያቄ	መልስ	አለፈ
501	ከዚህ በፊት የረጅም ጊዜ የቤተሰብ እቅድ ዘዴ ተጠቅመዎ ያውቃሉ?	አዎ -----1 አላውቅም -----2 መልስ አልተሰጠም -----99	→ 509
502	የረጅም ጊዜ የቤተሰብ እቅድ ዘዴ ለምን ያህል ጊዜ ተጠቅመዎ ነበር? (ከአንድ ወር በታች ከሆነ በሳምንት፣ ከአንድ አመት በታች ከሆነ በወር፣ አንድ አመት ወይም ከዚያ በላይ ከሆነ በአመት ይመዘገብ)	አመት----- ወር----- ሳምንት----- መልስ አልተሰጠም-----99	
503	ተጠቃሚ በነበሩበት ወቅት ያጋጠመዎ የጎንዮሽ ጉዳት ነበር?	አዎ -----1 አላገጠመኝም -----2 መልስ አልተሰጠም -----99	→ 505
504	ለጥያቄ ቁጥር 503 መልስዎ አዎ ከሆነ ያጋጠመዎ የጎንዮሽ ጉዳት ምን ነበር?	መልስ አልተሰጠም -----99	
505	የረጅም ጊዜ የቤተሰብ እቅድ አገልግሎት ተጠቃሚነትዎን አቋርጠዎ ወይም አቁመዎ ነበር?	አዎ -----1 አላቋረጥሁም -----2 መልስ አልተሰጠም -----99	→ 509

506	የረጅም ጊዜ የቤተሰብ እቅድ አገልግሎት ተጠቃሚነትዎን ያቋረጡበት ወይም ያቆሙበት ምክንያት ምን ነበር?	የጎንዮሽ ጉዳት በመፍራት-----1 በጤና ችግር -----2 መካነ እንዳልሆነ በመፍራት----3 ባለቤቱ ስላልተቀበለው-----4 ለመጸነስ ፈልጎ-----5 ሀጢያት ስለሆነ -----6 ባህሌ ስለማይፈቅድ-----7 ሌላ ምክንያት-----88 መልስ አልተሰጠም -----99	
507	ያቋረጡበት ምክንያት ለመጸነስ ፈልገዎ ከሆነ አገልግሎቱን (ዘዴውን) አቋርጠዎ ልጅ ወልደው ነበር?	አዎ -----1 የለም -----2 መልስ አልተሰጠም ----99	→ 509
508	ከወለዱ በኋላ እንደገና የረጅም ጊዜ የቤተሰብ እቅድ ዘዴ ተጠቅመዎ ነበር?	አዎ -----1 የለም -----2 መልስ አልተሰጠም ----99	
509	በአሁኑ ወቅት የረጅም ጊዜ የቤተሰብ እቅድ ዘዴ እየተጠቀሙ ነው?	አዎ -----1 የለም -----2 መልስ አልተሰጠም -----99	→ 512
510	የትኛውን የረጅም ጊዜ የቤተሰብ እቅድ ዘዴ እየተጠቀሙ ነው?	የአምስት አመት በክንድ ውስጥ የሚቀበር---1 የአራት አመት በክንድ ውስጥ የሚቀበር---2 የሶስት አመት በክንድ ውስጥ የሚቀበር--3 በማህፀን ውስጥ የሚቀመጥ(ለ---4 መልስ አልተሰጠም-----99	
511	የረጅም ጊዜ የቤተሰብ እቅድ ዘዴ የመረጡበት ምክንያት ምንድን ነው?	በቂ ልጆች ስላሉኝ -----1 አራርቆ ለመውለድ -----2 ለብዙ አመት ስለሚያገለግል-----3 ለጤና ተስማሚ ስለሆነ-----4 ሌላ ካለ ይገለፅ ----- 88 መልስ አልተሰጠም -----99	
512	በአሁኑ ወቅት ማንኛውንም አይነት የረጅም ጊዜ የቤተሰብ እቅድ ዘዴ የማይጠቀሙ ከሆነ ምክንያትዎ ምንድን ነው? (ከአንድ በላይ መልስ ይቻላል)	የጎንዮሽ ጉዳት በመፍራት----1 በጤና ችግር -----2 መካነ እንዳልሆነ በመፍራት ---3 ባለቤቱ ስላልተቀበለው-----4 ሀጢያት ስለሆነ -----5 ባህሌ ስለማይፈቅድ -----6 እውቀቱ ስለሌለኝ -----7 አገልግሎቱ ስለሌለ -----8 ሌላ ምክንያት ካለ ይጥቀሱ-----88 መልስ አልተሰጠም -----99	

ክፍል .6 ከጤና ባለሙያው ጋር የተደረገ ውይይት በተመለከተ አሁን የምጠይቁት ከጤና ባለሙያው ጋር ያደረጉትን ውይይት በተመለከተ ነው።

ተ.ቁ	ጥያቄ	መልስ	እሴ
601	በዛሬ ጉብኝትዎት (አሁን የሚጠቀሙትን) የቤተሰብ እቅድ ዘዴ አገልግሎት ለመውሰድ ሲጎበኙ የጤና ባለሙያው ስለቤተሰብ እቅድ ዘዴዎች በተመለከተ አወያይቶዎት ነበር?	አዎ-----1 አላወያየኝም-----2 መልስ አልተሰጠም-----99	→ 603
602	ስለ የትኛውን የቤተሰብ እቅድ ዘዴ አወያየዎት?	በማህፀን ውስጥ የሚቀመጥ -----1 በክንድ ውስጥ የሚቀበር -----2 የሚዋጥ ፒል -----3 በመርፌ የሚሰጥ -----4 በቀዶ ጥገና የሚሰራ ዘላቂ(የሴት)---5 በቀዶ ጥገና የሚሰራ ዘላቂ (የወንድ)---6 ግንኙነት ማቆም ወይም አለመፈጸም--7 ህፃኑን የጡት ወተት ብቻ በመመገብ እርግዝናን መከላከል	

		-----8 የቀን አቆጣጠር ዘዴ -----9 ኮንዶም -----10 መልስ አልተሰጠም -----99		
603	የወሰዱት (አየተጠቀሙ ያሉት) የትኛውን የቤተሰብ አቅድ ዘዴ ነው?	በማህበረሰብ ውስጥ የሚቀመጥ ----- 1 በክንድ ውስጥ የሚቀበር -----2 የሚዋጥ ፒል -----3 በመርፌ የሚሰጥ -----4 ኮንዶም -----5 መልስ አልተሰጠም -----99		
602	የወሰዱትን (አየተጠቀሙ ያሉትን) የቤተሰብ አቅድ ዘዴ (እርግጠኛ መከላከያ) መጠቀም የጀመሩት ዛሬ ነው?	አዎ -----1 አይደለም -----2 መልስ አልተሰጠም -----99	→ 604	
603	መልስዎ አይደለም ከሆነ መጠቀም ከጀመሩ ስንት ጊዜ ሆነዎት? (ከአንድ ወር በታች ከሆነ በላይ ስንት ከአንድ አመት በታች ከሆነ በወር፣ አንድ አመት ወይም ከዚያ በላይ ከሆነ በአመት ይመዘገብ)	ሳምንት----- ወር----- አመት----- መልስ አልተሰጠም-----99		
604	ስለወሰዱት የቤተሰብ አቅድ ዘዴ የጤና ባለሙያው	አዎ	አልነገረኝም	መልስ አልተሰጠም
	ሀ) አጠቃቀሙን ነገረዎት?	1	2	99
	ለ) የጎንዮሽ ጉዳት እንዳለው ነገረዎት?	1	2	99
	ሐ) ችግር ቢያጋጥም ምን ማድረግ እንዳለበዎት ነገረዎት?	1	2	99
	መ) ለክትትል መቼ መመለስ እዳለብዎ ነገረዎት?	1	2	99

**ክፍል 7 አገልግሎት በተመለከተ**

**አሁን (ዛሬ) ያገኙትን አገልግሎት በተመለከተ ነው የሚጠይቅዎት ::**

ተ.ቁ	ጥያቄ	መልስ	አለፈ
701	ጤና ተቋም ከደረሱ በኋላ የጤና ባለሙያውን እስከሚያገኙ ድረስ ምን ያህል ጊዜ ጠበቁ?	በደቂቃ----- መልስ አልተሰጠም -----99	
702	የጤና ባለሙያውን ለማግኘት የጠበቁት ጊዜ እንዴት ነበር?	አላስጠበቀኝም -----1 አጭር ነበር -----2 ረጅም ነበር -----3 መልስ አልተሰጠም -----99	
703	የጤና ባለሙያው የሰጠዎ መረጃ መጠን እንዴት ነበር?	ትንሽ ----- 1 በቂ -----2 ብዙ -----3 መልስ አልተሰጠም -----99	
704	የጤና ባለሙያ የምርመራ አገልግሎት ሲሰጥዎት ነበር?	አዎ-----1 የለም-----2 መልስ አልተሰጠም-----99	→ 706
705	የጤና ባለሙያ የምርመራ አገልግሎት ሲሰጥዎት ሌሎች ደንበኞች ይመለከትዎት ነበር?	አዎ -----1 የለም -----2 መልስ አልተሰጠም -----99	
706	ከጤና ባለሙያ ጋር ያደረጉትን ውይይት ሌሎች ደንበኞች ይለምዎት ነበር?	አዎ -----1 የለም -----2 መልስ አልተሰጠም -----99	
707	ወደ ጤና ድርጅት ሲመጡ የጤና ባለሙያው አቀባበል እንዴት ነበር?	በጣም ጥሩ -----1 ጥሩ -----2 የማያስደስት -----3	

**ክፍል 9 ፅንሰ ማቋረጥ በተመለከተ**

**የቤተሰብ አቅድ ዘዴ አንዱ ጥቅም ፅንሰ ማቋረጥን መከላከል እንደሆነ ከተናገረሽ በኋላ የሚከተለውን ጠይቁ**

901	ፅንሰ ማቋረጥ አጋጥሞዎት ያውቃል?	ያውቃል-----1 አያውቅም-----2 መልስ አልተሰጠም-----99	→ አበቃ
902	ለጥያቄ ቁጥር 901 መልስዎ አዎ ከሆነ ምን ያህል ጊዜ ፅንሰ ማቋረጥ አጋጥሞዎት ነበር?	በቁጥር ይገለፅ መልስ አልተሰጠም-----99	

**ጥያቄዎቹን ጨርሻለሁ:: በመጠይቁ በመሳተፍዎ አመሰግናለሁ::**