ASSESSMENT OF HUSBAND-WIFE COMMUNICATION AND PRACTICE OF CONTRACEPTIVES IN ANGECHA WOREDA, KEMBATA TEMBARO ZONE, SNNPR, ETHIOPIA

BY:

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ACRONYMS AND ABBREVIATIONS

BCC	Behavioral change communication
CPR	Contraceptive prevalence rate
EDHS	Ethiopian demographic and health survey
DHS	Demographic and health survey
ESOG	Ethiopian society of obstetricians and Gynecologists
FGD	Focus group discussion
FP	Family planning
HEWs	Health service extension workers
IUD	Inra-uterine device
KAP	Knowledge, attitude and practice
MDGs	Millennium development goals
SNNPR	Southern nations, nationalities and peoples' region
TFR	Total fertility rate
UN	United Nations

ABSTRACT

Back ground- family planning communication between husbands and wives is a prerequisite for better and responsible reproductive health behavior. Most studies suggest that couples can make better reproductive decisions if they discuss family planning matters more openly and frequently.This present study was therefore conducted to find out the level of husband-wife communication and the practice of contraceptive.

Objectives of the study- the main objective of this study was to assess husband-wife communications, practice of contraceptives and facters associated in Angecha woreda, Kembata Tembaro zone, SNNPR, Ethiopia, March 2011

Methods and Materials- community based cross-sectional study, with both quantitative and qualitative data collection methods was conducted from March1-7/2003 E.C. Random samples of 590 couples were selected for the house-to- house survey. Moreover, a purposively selected sample of 8 health care providers (HEWs), 4 religious leaders and 1 community leader were identified for an in-depth interview. And an interviewguide was used for the qualitative study. Data was coded, entered into a data base, cleaned and analyzed using SPSS version 16.0. Simple and multiple binary logistic regression techniques with confidence interval at 95% confidence level was used in identifying determinant or predictive variables of outcome variable. Moreover, qualitative data was analyzed thematically.

Results of the study- from a total sample of 588 couples 362 (61.6%) wives were not using any contraceptive methods till the day of the study. On the other hand, samples of 442 (75.2%) husbands were not using any methods of contraceptives till the day of the study. A total sample of 306 (52.0%) couples discussed about practice of contraceptives in the last year. Husband-wife communication about practice of contraceptives was independent predictor of practice of contraceptives. The study reaveled that wives who do not discuss with their husbands about the practice of contraceptives were less likely to practice contraceptives (AOR = .068, 95.0% CI, 0.0300 – 0.100). On the other hand, husbands who do not discuss with with their wives about practice of contraceptives were less likely to practice contraceptives (AOR = .027, 95.0% CI, .0100 - .04500) than their counterparts.

Conclusions and recommendations - from this study it was found that the attitude of couples was between 50-74 which was categorized as neutral attitude towards contraceptives. Practice of contraceptives was relatively low. Therefore, any relevant body should give priority to promote positive attitude and practice of couples towards different methods of family planning observed in this particular study area. In this study, some of the variables such as occupation, residence, need for more children, age and knowledge of couples to different contraceptive methods were independent predictors of husband-wife communication about practice of contraceptives. On the other hand, husband-wife communication was an independent predictor of practice of contraceptives by couples.

CHAPTER 1 BACK- GROUND OF THE STUDY

1.1 Introduction

Reproductive health in its broader sense should be a concern for all not for just that of women; and it needs the attention of entire family and the society at large. Historically most reproductive health program focused on family planning and in turn, most family planning program offered their services exclusively to women. Most viewed women as the target group and paid little attention to the role that men might have with respect to reproductive health decision-making and behavior (1).

In order to curb the harmful effects of population growth many developing countries initiated family planning programs around the year 1960. These programs traditionally consisted of two components namely provision of family planning services on the supply side and information, education and communication (IEC) on the demand side. In many of these countries the IEC component has been performing functions such as providing information about the locations and types of services available and motivating couples to adopt family planning. Besides, IEC has also been performing the function of educating the local and national leaders and educated people about population problems and benefits of smaller family size. The channels through which IEC messages are conveyed are either mass media or interpersonal communication (2).

Ethiopia is the second most populous country in Africa, with a total population of about 77.2 million and an annual population growth rate of 2.7 percent. The TFR declined from 1990 to 2000 with substantial variations among regions; for instance, women in Somali and Oromiya have more than 6 children on average, while in Addis Ababa, 1.4 children. Overall, fertility is highest in Ethiopia's rural regions and among the poorest and least-educated women (1, 3, 4)

Family planning services in Ethiopia was started in 1966 by the family guidance association of Ethiopia. In 1975, the Ethiopian government started integrating family planning with maternal and child health services. After the adoption of the population policy in 1993, a number of other stakeholders have been involved in family planning

promotion. Despite the efforts to implement family planning by the Ethiopian government and other stake holders, the results obtained and the goal desired remain unachieved as evidenced by high population growth rate; persistent high total fertility rate, 6.7 in 1967 and 5.9 in 2000; very low contraceptive usage (8%) (5, 13)

Over the last two decades, Ethiopia has made great progress in increasing awareness and knowledge of family planning. However, as recently as 2005, only 14 percent of married women ages 15–49 used a modern method of family planning and more than 85 percent of married women now know at least one contraceptive method. National surveys have found consistent increases in the contraceptive prevalence rate (CPR) from 1990 to 2005. The pace of CPR growth appears to be accelerating, although confirmation of this trend awaits the findings from the 2010 DHS (27).

Low levels of contraceptive use in Ethiopia result in high levels of unintended pregnancy which, in turn, create a broad range of negative consequences for women, their families and the national health care system. The new report, "Benefits of Meeting the Contraceptive Needs of Ethiopian Women," released today by the Guttmacher Institute and the Ethiopian Society of Obstetricians and Gynecologists (ESOG), documents the considerable financial and health benefits that would accrue from increased investment in contraceptive services. More than forty-one percent of all pregnancies in Ethiopia are unintended, and the vast majorities of these pregnancies (about 95%) occur among women who do not practice contraception. As a result, women are having more children than they want. The gap between wanted and actual fertility is particularly large among poor women, who have especially limited access to contraceptive services (7).

Investing in contraceptive commodities and services to fulfill all unmet need among women wanting to avoid pregnancy would result in a net annual savings of US$34 million (600 million Ethiopian birr) over what would otherwise be spent on medical costs associated with unintended pregnancies and their consequences. Expanding contraceptive services confers substantial benefits on women, their families and society. All stakeholders, including the Ethiopian government and the private sector, should increase their investment in modern contraceptive services, particular attention should be paid to reducing inequalities in access (3, 6, 7).

Interpersonal communication between husband and wife has assumed greater importance owing to the fact that it modifies the behavior of the couples towards the adoption of family planning methods. Husband-wife communication development may take place through the frequency and intensity of family planning messages on electronic media, through personal motivation by family planning workers and through interpersonal communication with friends, relatives and neighbors etc. Besides, husband's favorable attitude towards family planning plays a dominant role in the development of interpersonal communication between husband and wife towards the adoption of contraceptive methods (16, 17).

Similarly, communication leads to husband-wife discussion about family planning which then affects the behavioral factors such as knowledge, motivation, attitude, etc., which can be regarded as the intervening variables affecting the current practice of contraceptives (14).

1.2 Statement of the problem

Family planning communication between husbands and wives is a prerequisite for better and responsible reproductive health behavior. Most studies suggest that couples can make better reproductive decisions if they discuss family planning matters more openly and frequently. Moreover, whether to practice family planning or not, which methods to choose, when to start contraception, and the choices regarding the number and timing of children are all outcomes of inter-spousal communication. The frequency of inter-spousal communication is sometimes regarded as an indicator of safe family planning practice, where couples practice contraception appropriately and consistently without experiencing any side effects. Couples who discuss family planning matters are likely to discuss and understand the potential advantages and disadvantages of different contraceptive methods (23).

One of the most important choices a woman or couple can make is the decision to use contraception. Even if a couple wants a child as soon as possible after marriage, the use of contraception thereafter: for child "spacing" is a sensible decision. Data show that optimal spacing between children is at least three to four years. Family planning allows parents to give the child the best chance possible for the nourishment and nurturing it needs before another child is born. Spacing is also important for the health of the child's mother and the harmony and financial health of the family unit. Similarly, using contraception to limit the number of children to only those that the couple can truly care and provide for is also a wise decision. For many couples, use of contraception also contributes to a more satisfying sexual relationship by reducing or eliminating the fear of accidental unwanted pregnancy (5, 13).

Until recently, fertility and family planning research in developing countries, as well as policy and program formulation, has generally relied on data collected from women. Increasingly, however, attention is being paid to including men. The reasons for the new interest in men are not hard to find: first, information that has become available from surveys conducted over the past decade suggests that men and women do not necessarily have similar fertility attitudes and goals[i]. Second, the scope of fertility and family

planning research has expanded to include such broader reproductive health issues as sexually transmitted diseases, on which data from both men and women are needed (12).

The male partner may play an important role in decision-making regarding contraceptive use and the timing and number of a couple's births. In some countries or among some social groups, the male partner has greater influence than his spouse. In Ghana, the wife's attitude toward contraception is strongly influenced by her husband's attitudes and background characteristics, especially education, but the husband's views are not similarly influenced by his wife (12).

Lack of husband wife communication about family planning, rather than male opposition, has been reported to be one of the factors explaining such a KAP gap. Where there is communication, the wife gets opportunity to know her husband's attitude towards family planning and fertility desires. This knowledge is believed to influence the couple's decision surrounding initiation of contraception (8, 10).

It is crucial for the well-being of children, families, and communities that family planning information and services be available to help women and men learn about and effectively use a method of contraception. The ideal situation is that good communication should be established between husband and wife about the spacing and number of children they will have. Some women are lucky and are able to make decisions about family planning and family size in collaboration with their husbands. Others, particularly newly married and younger women, have little or no decision-making power in the home, and husbands, parents or mothers-in-law decide for them. Still others use contraception clandestinely, fearing husbands or relatives will disapprove (14).

Women may be afraid out of a sense of modesty or shame to talk to their husbands about family planning. Some say they are too shy to begin discussions with their husbands; others fear their husband's response or worry that their knowledge of sexual issues could be interpreted as promiscuity or infidelity. Conflicts arise about when to have intercourse, whether to use contraception, which method to use, spacing of children, and when the children already born are enough. Many men say their role as financial provider gives

them authority to decide how many children the family can afford. Contraceptive use, however, is usually considered the woman's responsibility (14, 15).

Some women become pregnant only because they believe their husbands want more children. But this may not always be true. Surveys in several developing countries show that only slightly more men than women want to have another child. Increased communication between partners improves understanding of each partner's reproductive preferences and decreases some of the consequences of poor communication, such as unintended pregnancy and a large family size (14).

Most DHS data reported only the frequency of husband wife communication, and the few studies available on husband-wife communication are mostly based on these DHS data. They neither looked in to the contents nor the results of the discussion. And most of them included only general discussion, not looking in to different dimensions of inter spousal communication. Besides discussion about family planning, there are two other dimensions of communication that are useful to understand effective communication in a union. These are agreement between partners regarding family planning and fertility preferences; and each spouse's perceptions of the attitude of his or her partner (10, 17).
The lack of communication on family planning would seem to be the consequence of at least two cultural factors:

i) Female modesty inculcated early in childhood makes many women reluctant to bring up such matters and leads males to conclude that such matters are not for discussion with their wives.

ii) Male dominance leads some husbands to believe that the sphere of family planning is their prerogative alone and makes wives reluctant to initiate conversation or action. Moreover, there is some evidence suggesting that when conversation does occur it tends to be one-sided; i.e., the male talking and the female listening"(2, 14)

Though family planning services in Ethiopia began in 1966 with the establishment of the Family Guidance Association of Ethiopia, the prevalence for contraceptive use still

remained very low as compared to other African countries. In one study it was shown that socio demographic factors like education, occupation, income, and some socio-psychological factors like knowledge of varieties of modern contraceptives, perceived consequences of contraception were significantly associated with contraceptive attitudes of married women. In other similar studies, similar factors were also reported as determinants of contraceptive use (5, 10, 18). Emphasis on reducing maternal, infant and child morbidity and intensifying family planning for the optimal health of the mother, child and family is a well placed national health policy plan. Also realizing the problems resulting from the high fertility and rapid population growth, the government has formulated a national population policy. Based on this policy the target is to raise the prevalence of contraceptive use from 4% to 44% and reduce the TFR of 7.7 to 4 by the year 2015 (19).

Many women and couples in Ethiopia do not have the knowledge, tools or assistance they need to maintain their reproductive health and have the number of children they desire. Consequently, many women have more children than they want or can care for. Others turn to induced abortion, which remains predominantly unsafe and clandestine in Ethiopia, despite its being legal under some conditions. By helping women and couples plan their families and have healthy babies, improved reproductive health care including increased access to contraceptive services would contribute directly to attaining three Millennium Development Goals (MDGs): reducing child mortality, improving maternal health and promoting women's empowerment and equality (20).

Many studies on issues related to family planning have been done in the country. These studies have shown that a number of factors contributing to the prevailing low level of contraceptive use. However, studies on husband wife communication about family planning are lacking. Due to cultural traditions open discussion on matters pertaining to sexuality and contraception as well isn't common in Ethiopia. And such a topic is felt as one that shouldn't be discussed with others. This is mainly because it is believed a cultural taboo. Like in other African countries, in Ethiopia husbands play dominant roles in most family matters and as breadwinners, they are the ones who have a major say in the family. In this cultural context, it is unlikely that women bring sexual and family planning issues to the surface and initiate discussion with their husbands (10, 12).

However, there has been no study conducted so far to assess husband-wife communication about contraceptive use in this particular woreda. Therefore, the study intends to pinpoint any possibilities of husband-wife communications in the study area about the use of contraceptives. Moreover, it is important for the community to be included in this study for at least three reasons;

1) For the theoretical understanding of whether wife only or her husband affects her fertility decision.

2) To enable categorization of those husband's and wife's factors that would interact and affect contraception behavior of the wife.

3) Those factors are identified that can be helpful in designing problem base intervention for promoting deliberate decision making by couples regarding when and how long to use contraception .

CHAPTER -2 LITERATURE REVIEW

2.1 Literature review

There are different methods of family planning, which can be classified in the following different ways. i. Modern/traditional methods ii. Female/male methods iii. Short term/long term/permanent methods. Communication being the essential foundation for

decision-making, couples should be able to communicate with each other about their sexual needs, be informed about their reproductive health and make independent choices about family planning. More importantly, they should be motivated and supported to implement their own desires and intentions to achieve reproductive health goals. Helping couples communicate about reproductive health is viewed as vital for involvement of both the partners in decision making, treatment seeking and promoting health. It is hence crucial to understand 'communication' among married partners before designing or implementing any couple-targeted strategies (10, 21).

The present study focuses on husband-wife communication about contraceptive use and practice of contraceptives in Angecha woreda, Kembata Tembaro zone, SNNPR, Ethiopia.

Communication

Communication between two persons, i.e. interpersonal communication is defined as interaction taking place between two persons and there are different forms, styles and types of communication- for example verbal, non-verbal communication, communication having different types of message such as factual or inference based etc. Communication is often recognized as a cornerstone of modern society. Communication is a process which involves more than sending and receiving messages. Scholars from various disciplines such as psychology, psychotherapy, sociology, linguistics and communication theories have stated models and theories explaining the components of communication as a process.

The comment from one of the leading sociologists and a communication theorist, Lass well Harold about communication is well known- 'who (says) what (to) whom (in) what channel (with) what effect. One of the most influential linguists of the 20th century Roman Jacobson with his pioneering work in structural analysis of language,

distinguished six communication functions, each associated with a dimension of the communication process-context, message, channel, code, sender and receiver. In light of these definitions of communication, husband-wife communication is instrumental in bringing about a change in their attitude towards family planning, which subsequently has impact on contraceptive use (10, 21, 22).

In this section, therefore, an overview of some of the important literatures has been carried out for the elaboration of certain factors which influence husband-wife communication regarding contraceptive use and practice of contraceptive among the study subjects.

The husband-wife communication and practice of contraceptives in various topics are believed to be influenced mainly by communication factors (information, education and communication), and socio-economic, cultural and demographic factors as shown below in conceptual framework (fig.1)

2.1.2 Communication factors.

Information, education and communication (IEC)

Numerous studies have shown that individual exposure to IEC family planning information influences contraceptive use and intention. Information, Education, and Communications (IEC) includes two broad categories; i.e. mass media (TV, radio, billboards, printed materials, entertainments, and the internet), and interpersonal-communication. IEC through mass media such as TV, radio and printed materials is one way communication in which messages have been sent to audience by sound, motion pictures, symbolic language or reading messages with different forms and designs; whereas the inter-personal communication refers to two or several individuals are relating to one another in face to face interaction. Over the last 50 years, the influence of IEC on human reproductive behavior has been the subject of research. In family planning program, accumulated empirical research has found that IEC has great effects for increasing knowledge about family planning, changing attitudes towards contraceptives, and practicing a contraceptive method as well (22).

Husband-wife communication is a very important factor in the adoption of family planning methods. The communication between husband and wife can be stimulated by both personal contacts (interpersonal communication) and mass media communication.

Although the mass media facilitates awareness and provide the basic information about contraceptives, adoption itself is more likely to be encouraged or discouraged by opinion leaders, close to home, who share many of the same characteristics as the couple who have not yet adopted a method. information, education and communication (IEC) campaigns can be effective in the early stage of a family planning program: they can increase awareness and knowledge of methods and services and reduce resistance to birth control by helping to legitimize the idea of family size limitation. Once knowledge is widespread and birth control begins to be accepted, the impact of such campaigns diminishes, since they do not seem to be very effective in motivating couples to reduce preferred family size (14, 21, 22)

Mass media and spousal communication

The impact evaluation of Television promotion projects conducted in Nigeria and in other countries reported that the broadcast of the series of entertainment-educations focused on family planning was influential in increasing clients' visits to family planning clinics. For instance, following the media broad casting, the number of new clinic clients per quarter in such countries increased almost five folds. From this it was not difficult to understand that the immediate and substantial increase in family planning clients reflected the effectiveness of mass media campaigns which were better cooperated, planned, and implemented as well as were strategically relied on audience research (9, 22).

Inter-personal communication

In some cultural settings where direct spousal communication is not an acceptable norm, partners may communicate their reproductive desires or concerns through nonverbal or indirect means if they need to do so at all. This is seen in Uganda where most reproductive health related communication between men and women were expressed through indirect hints, suggestions and even by talking to peers or relatives in the hope that they would convey the information to the sexual partner (25).

In a family planning communication study conducted in Pakistan, 63.8 percent of currently married female contraceptive acceptors attributed husband-wife communication as the specific source for motivation to adopt family planning. On the other hand 29.5

percent contraceptive users reported interpersonal communication with friends, relatives and neighbors as the specific source for motivation to adopt family planning (24).

2.1.3Socio-economic and cultural factors

Educational status and spousal communications

It was recognized that education is the primary factors contributing to rise in contraceptive use. It was explained that education of women is seen as vehicle by which people learn about the family, which may lead to demand for fewer children. Consequently, it will contribute to the use of contraceptive to prevent or to space childbirth. It was also known that education might affect fertility control including the following; education facilitates the acquisition of information about family planning; it increases husband-wife communication and increases couple income potential, making a wide range of contraceptive methods affordability.

Furthermore, women's education is linked to rise the age at marriage and reduce the probability of ever marrying. Another study also revealed that education might affect the distribution of authority within households, whereby women may increase their authority with husbands, which effect on fertility preference and use of family planning. Moreover, it was found that the differential of contraceptive practice rate is greater between women who have no education and those who have attended primary school. Substantial differences are also found in the prevalence of contraceptive use between women with some primary education and those with some secondary school or higher education (11, 24).

With higher levels of education, couples are increasingly likely to communicate effectively on family planning and use of contraception to space their children and keep their families small. And increasingly men are adopting new models of masculinity that include being a responsible, caring husband and father. Further Studies suggest that the closer a man and woman are in their levels of education, and more education they have, the more likely they are to discuss and use family planning (15, 21).

According to the study conducted in Nepal, it was revealed that the discussion was higher for higher educated respondent. Although some illiterate husbands and wives did

communicate about family planning, the greater the educational attainment either of the husband or of the wife, the higher was the rate of husband-wife communication regarding family planning. At least 25 percent of the illiterate wives discussed family planning matters with their spouses; and more than 50 percent of the graduates and 55.36 percent with the certificate level education discussed family planning. However, this study did not examine the relationship between husband-wife communication and family planning practice (16).

According to the 2005 EDHS, it was found that in some of the Ethiopian regions*:* Uneducated women were three times as likely to conceal the use of a method of family planning as women with secondary or higher levels of education. Moreover, misconceptions about contraceptive use are relatively more widespread among men with little or no education and men residing in rural areas (27).

Religion and spousal communication

Many obstacles prevent men and women from talking about sexuality, family planning and reproductive issues and a complex web of social and cultural factors hamper such discussions. Based on the information from the Pakistan demographic and health survey of 1990-91, about 13 percent of women cite "religion" as a reason for not intending to use contraception in the future, while the percentage among husbands is higher, (18 percent generally and 22 percent for husbands over 30 of age). In terms of 'the ideal number of children', about 60 percent of both husbands and wives give "up to God" as a response (24).

Although Eastern Orthodox Christianity holds a similar view of the purpose of sexual relations, most contraceptive methods are permitted. Among Protestants, no specific forms of contraception are forbidden. Islam encourages large families and requires parents to ensure that the basic rights of children are met. Family planning is not forbidden but is more commonly used by traditional adherents for birth spacing rather than to restrict the overall size of families. Despite this permissibility, not all adherents of Islam are aware that contraceptive use is permitted (26).

According to the study conducted in Sodo town of Wolaita, it was found that there is no stastical association between family planning practice and religion. Family planning methods were practiced in both Muslim and Christian Society (1).

However, in the study conducted at Hosanna town, it was known that the difference between the religious groups and current modern contraceptive use was found to be statistically significant ($P<0.05$).

In similar study done in Assosa, it was revealed that Religion was found to be significantly associated with current contraceptive use. The odd of use in Orthodox and Protestant was two times higher than that in Muslims. In addition, the odd of discussion in Protestant and Orthodox couples was respectively 3.5 and 2.5 times higher than that in Muslim couples. One reason to this could be that polygamy is common in the religion where Muslim husbands are allowed to have more than one wife. And so they can have many children from the different wives they would have. Moreover, Muslim husbands had a higher ideal family size than their wives and also orthodox and protestant husbands (10, 15).

Ethnicity and spousal communication

In one study conducted to asses ethnic disparities in contraceptive use and attitude,it was revealed that the ethnic differences in contraceptive use were partially explained by ethnic differences in comfort with sexual communication and perceived convenience of contraception. Moreover, a direct significant effect of ethnicity was found on contraceptive use with Latina participants reporting lower levels ($p<.001$), compared to non-Latinas ($p<.03$) (28).

According to the study conducted at Hosanna, most ethnic groups in the study area are characterized by a strong patriarchal tradition. This is in fact true for the majority of Ethiopian families. This gives men the power and confidence to dominate their families and societies on social and cultural matters including sexuality and reproduction. Traditional cultures and religions participate by emphasizing the decision-making roles of men in their families even where women have an important economic role in the family (15).

Spousal knowledge and attitude towards contraception and communication

Current knowledge shows that there is high knowledge and approval of family planning among both males and females in developing countries. However, there still exists a gap between these and practice of family planning – KAP gap. Many studies have been done in this area. For example, in one study that included 18 developing countries, it was shown that knowledge of modern methods of family planning is generally high among both husbands and wives. According to couple data from the 1989 Kenya demographic and health survey, among 98% of couples, one or both partners know of at least one modern method, and among 85% of couples both partners approve of family planning (10, 17).

In preliminary report of the first ever done demographic and health survey (2000) of Ethiopia, it was reported that Ethiopian men and women have high knowledge of family planning, but in this report there was no mention of husband-wife discussion about family planning. It seems that this area hasn't been given a due attention (5).

According to the 2005 EDHS survey on contraceptive knowledge, attitudes and behavior of husbands and wives, an overwhelming majority (87 percent) of users reported that their husbands know about their use of contraception on the other hand, 8 percent of women mentioned that their husband did not know of their use of family planning. Husbands' lack of knowledge of wives' family planning use is relatively higher in Tigray, SNNP and Benishangul-Gumuz regions. In the same survey, men were asked if they agreed or disagreed with three stereotypical statements about contraceptive use in general. 15 percent of men who know about contraception think that contraception is women's business and that it does not concern them.

A similar proportion of men also believe that women should be the ones to get sterilized, as they are the ones who get pregnant. Thirteen percent of men believe that women who use contraception may become promiscuous. Men in Dire Dawa, Oromiya and Benishangul- Gumuz are most likely to think that contraception is women's business, men in Oromiya are also most likely to believe that using contraception might make a woman promiscuous, and men in Harari, and Amhara are more likely than those in other

regions to believe that women should be the ones to get sterilized, since they are the ones who get pregnant (27).

Study on family planning in the northern part of the country in 1995 reported that only about 24% of husbands had discussed about family planning with their wives. This was just general discussion and lacks detail on communication (10). In another study conducted in Zambia, it was known that the proportion of married women who had not talked about family planning with their husbands showed decline from 42 percent in 1992 to 36 percent in 1996 (29).

In a similar study conducted in a rural apart of Nigeria, it was known that 62.5 had difficulty of discussing family planning with their spouse with no significant difference between males and females. The study also added that the main reason for spouse not to discuss family planning was the feeling of sign of promiscuity and thinking not necessary. Moreover, the female respondents on the other hand also had a fear of rejection and that their partners may not be supportive (30).

In one study conducted in Sodo town of Wolaita zone from September 2008 up to April 2009, married men were asked whether they approve or disapprove (both the male and female method) the use of family planning method about 77.5% of the married men approve the use of family planning at the time of the interview, while 18.9% disapprove the rest 3.5% gave no response for this question. The reason mentioned for disapproval 28.8% were desire to have more children, 26.3% respondent refusal, 11.3% wife or partner refusal, 11.3 fear of side effect, 8.8% religious prohibition, 13.5% were others about 59.5% of married men discussed family planning in the last 1 year of those who discussed family planning 73.9% had frequent discussion while 6.7% and 19.4% had discussed the issue of family planning once and twice respectively (1).

Place of residence and spousal communication.

Couples in urban areas are generally more likely to talk about contraceptive methods and fertility desires than their rural counterpart .This is mainly due to the development of social services, such as job opportunities, school participation, broadcasting stations, and health care facilities are unevenly distributed among urban and rural areas. A study conducted in Tanzania showed a substantial differential in media coverage between urban and rural areas with regard to family planning messages. According to the study,

family planning messages on TV, or radio 82% of women in urban areas compared to 44% of women in rural areas. In the same study, women who lived in urban areas were 1.6 times as likely as women who lived in rural areas to adopt contraceptive methods (23, 31).

In Nepal, there has been very little effort to examine the husband-wife communication and its impact upon adoption of contraception. Accordingly, Husband-wife communication about family planning as well as about the number of children was higher among couples from urban areas than from rural areas. More than 40 percent of the urban couples discussed family planning and nearly 60 percent discussed the number of children, while only one-fourth of the rural couples discussed family planning and 40 percent discussed the number of children (16).

Occupational status and spousal communication

The propensity to discuss family planning was higher among women with husbands from non-agricultural sectors. Service and business sectors were favorable to spousal discussion about family planning. The discussion about family planning varied from about 37 percent for couples with husbands in business to 24 percent for couples with husbands in agriculture. With regard to women's occupation, about 45 percent of service holders discussed family planning with their spouses and about 24 percent from agricultural sector discussed about it (14, 32).

In a study conducted in Bangladesh, it was found that Husband's occupation has a significant effect on the current use of contraceptives. In addition, the highest use prevalence was found among sales/service employees, followed by landowners and agricultural laborers were the less use of contraception (23).

2.1.4 Demographic factors

Age and spousal communication

Husband-wife communication about family planning varied with the age of wife and husband. Couples where the wife was in the prime reproductive years tended to have a slightly higher level of communication. The proportion of discussion was highest (34.2%) for couples with women of age 25-29 years while it was lowest (10.01%) with women of age 44-49 years. About 18 percent women of age below 20 years discussed

about family planning with their spouses. Thus, women of higher or lower age groups were more reluctant to communicate about family planning. And in another study it was discovered the high correlation between inter-spouse communication and age of husband and wife. Accordingly, it was found that the tendency to discuss family planning with the spouse tended to vary inversely with age and with education - older and less educated people tended to have less inter-spouse communication than younger and more highly educated persons (14, 16).

Age at marriage and spousal communication

Younger and newly married women are more likely to have lesser autonomy in the household and are more influenced by the elder members of the family especially with regard to reproductive decision making. In the context of strong patriarchal societies, any kinds of decision are made by the household head and the younger ones in the house have to comply with their wishes. In most of the studies it was known that spousal communication about family planning was in different proportion for women married at different ages. A study conducted on husband-wife communication revealed that Proportion of discussion was highest (28.24%) for couples with women married at ages 15-19 years and lowest (8.77%) for couples with women married after the age of 30 years. According to the study conducted in SNNPR, it was revealed that Age at marriage was under age 15 for about one-fifth of all women, with more women marrying at ages 15-19. A majority of women were married for men from the same village or town. Forty-one percent of the women had husbands who are ten or more years older (16, 18)

According to the 2005 EDHS among women age 25-49, 66 percent married by age 18 and 79 percent married by age 20. The median age at first marriage among women age 25-49 is 16.1 years. The proportion of women married by age 15 has declined from 38 percent among women age 45-49 to 13 percent among women age 15-19, but there has been little change in the median age at marriage among women age 25-49 in the past five years. Moreover, Men tend to marry at much older ages than women. Among men age 25-59, only 10 percent were married by age 18 and 22 percent by age 20. The median age at marriage for men age 25-29 is 24.2 years, nearly eight years older than for women in the same age group (27).

Duration of marriage and spousal communication

According to the study conducted in Nepal women with the shortest duration of married life were relatively more reluctant to discuss family planning than women with longer durations. Proportion of discussion about family planning was highest (32.93%) for couples with marriage duration of 10-14 years while only 11.11 percent of couples married within the year of survey discussed family planning. Women with a shorter duration of marriage have fewer children than the desired number and are naturally less likely to discuss family planning and the number of children than women with a longer duration of married life. Moreover, the longer the duration of respondent's marriage the greater the frequency of her communication with the husband as revealed by the study conducted in India. In another study conducted in one of the Indian village it was found that lack of communication between spouses was a barrier to the adoption of family planning and that the cultural barriers to spousal communication tended to dissolve with increasing duration of marriage. The study also added that throughout the development of a child from infancy to adulthood, communication was largely with others of the same sex and age (16, 21).

Polygamy is evident in the 16 developing countries for which data are available on type of marriage. However, while polygamy is very common in sub-Saharan Africa its prevalence is negligible in other regions on average, 23% of husbands and 29% of wives are in polygamous union in sub-Saharan Africa, but wide variations exist within the region: polygamy is most prevalent in West African countries, which are predominantly Muslim. The relatively high prevalence of polygamy may account for the large age gap between spouses in these countries, since women in societies where polygamy is common tend to marry at younger ages than their counterparts in societies where the practice is less prevalent. Some differences exist in the desired family size of marital partners by type of union. In almost all countries for which we can classify couples by type of union, the proportion in which the husband's family-size preference exceeds the wife's by two or more children is higher for polygamous than for monogamous unions. In Sub-Saharan Africa, the proportion ranges from 21% in Kenya and Zimbabwe to 48% in Niger among monogamous couples and from 33% in Malawi to 57% in Mali among polygamous couples (11, 12).

For Sub-Saharan Africa overall, the proportion in which the husband's family-size preference exceeds the wife's by two or more children averages 32% for monogamous couples and 47% for polygamous couples. By contrast, 47% of couples in monogamous unions and 36% in polygamous unions in Sub-Saharan Africa agree about family size. The differences are probably associated with factors that are believed to be more prevalent in monogamous unions, such as conjugal closeness and spousal communication (12).

We found only a small difference in the joint distribution of fertility intentions of monogamous and polygamous couples. First, the proportion who agree either to have more children or to stop childbearing is slightly higher among monogamous couples (83% in Sub-Saharan Africa overall) than among their polygamous counterparts (75%). Second, the implied higher disagreement among polygamous couples is manifested in both types of disagreement (i.e., the husband wants to stop childbearing while the wife wants more children and vice versa). Among monogamous couples, on average, 5% of husbands and 12% of wives want to stop childbearing while the other spouse wants more children. Similarly, among polygamous couples, on average, 8% of husbands and 17% of wives want to stop childbearing, disagreeing with their spouse. Assuming that agreement is understated among polygamous couples because of a lack of appropriate data, monogamous and polygamous couples appear to differ very little in levels of spousal agreement on fertility preferences (12).

Family structure and spousal communication

Family structure such as extended-family and nuclear-family has been taken as an important determining factor of contraceptive use in various studies. Extended families may either support or discourage traditional family values and it is most likely to encourage traditional values such as unlimited fertility as parents or in-laws are more likely to support such ideas. Whereas a nuclear family is less likely to support traditional values regarding children and may encourage the use of contraceptive method. Study of Southern Ethiopia did indicate that extended families had an influence on contraceptive use of women. Similar results were also found in Chiapas, Mexico, where living in extended families increased the likelihood of being non-contraceptive users. In another

similar study, it was also revealed that non-use of contraception was 93.5 percent among women who lived in extended family and 92.1 percent among women who lived in nuclear family, although it was not found to be significant (33,34).

Spousal communication on need to have more children

To measure the fertility preference, a wide range of approaches or questions has been used. But, it is also not clear, what respondents have in mind while answering question on family size preferences, and to what extent their responses would reflect for ideal family size in contrast to social norms. In a study of desired fertility and the impact of population policies, it was explained that the increase of contraceptive availability could affect the desired fertility. Likewise, the change in desire fertility or desire family size leads to change in contraceptive prevalence, as people use more contraception to achieve their fertility target. Furthermore, explained that if a couple is able to produce more children than desired, and then there is a potential excess supply of children, which provides a motivation to control fertility. In another similar study, it was revealed that the desire for additional children is significant predictor of subsequence of contraceptive use. For example, in Pakistan, women who have more children than their ideal number of preferences and do not want any more children are four times likely to use contraceptive than women who have fewer children than their preferences (12, 24).

However, the results from another study in developing countries have found that the desired number of children is not the main effect to increase contraceptive use. Instead, they indicated that the primary reason for the growth in contraceptive prevalence was the accessibility to family planning services discussed it. Similarly, Men and women in these countries desire fairly large families; however, husbands tend to want more children than their wives and to want the next child sooner. On average, married men want a large number of children in many of these countries. The mean number of children desired by husbands ranges from 2.9 in Brazil to 11.5 in Niger; it exceeds five in 11 of the Sub-Saharan African countries. Husband's desired family size tends to be higher in West Africa than in East Africa. On average, husbands in all of the other countries except Pakistan want fewer than five children. Wife's average preferred family size shows a similar range across countries and similar regional patterns. (12)

In another study conducted in Bangladesh, it was also revealed that about 34.0% of couples with six or more children discussed family planning issues with their partners when compared to couples with no children (40.3%). On the other hand, couples with one or two children were found to discuss family planning more often (23).

Number of living children and spousal communication

Historically thinking about children in numerical terms became part of people's mental outlook as they passed through the process of reproductive change. Empirical research provides clear evidence that the number of living children is a prominent factor in family planning adoption. As family size increases, the tendency to use contraceptive increases. However, some factors, such as social and cultural factors have been found as barriers in practicing contraception as well. These factors influence fertility preference, and exert considerable pressure on couples to have large families and several sons. For instance, most of the surveys which were conducted in selected African countries found that culturally couples express strongly preferences for having sons. As the result women with more sons were more likely to use contraceptives According to the 2005 EDHS, Contraceptive use is associated with the number of living children a woman has; it is highest among currently married women with one or two children (17 percent) and lowest among women with no children (12 percent) (11, 12, 31)

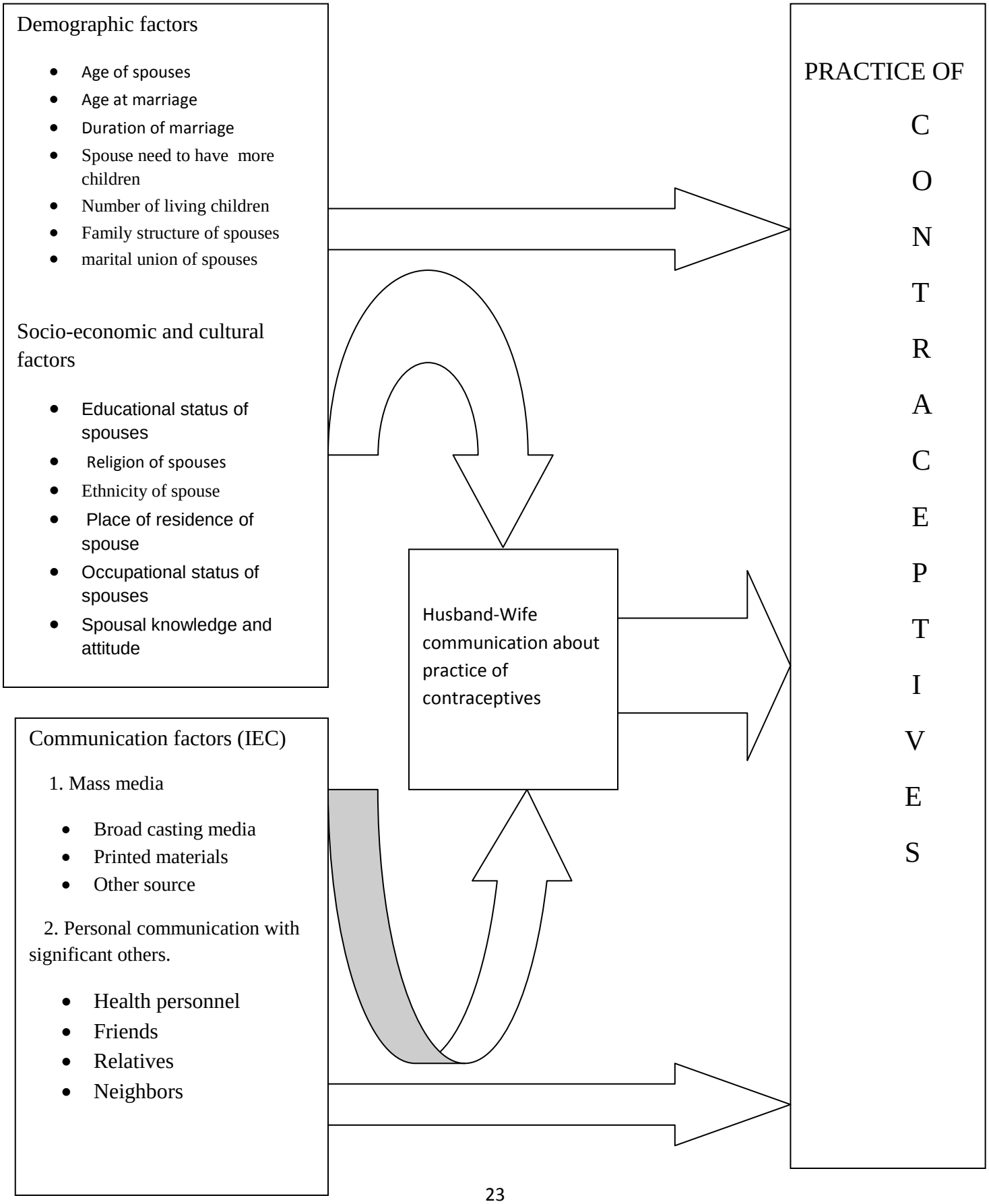

Demographic factors
Age of spouses
Age at marriage
Duration of marriage
Spouse need to have more children
Number of living children
Family structure of spouses
marital union of spouses
Socio-economic and cultural factors
Educational status of spouses
Religion of spouses
Ethnicity of spouse
Place of residence of spouse
Occupational status of spouses
Spousal knowledge and attitude
Communication factors (IEC)
1. Mass media
Broad casting media
Printed materials
Other source
2. Personal communication with significant others.
Health personnel
Friends
Relatives
Neighbors
Husband-Wife communication about practice of contraceptives
PRACTICE OF CONTRACEPTIVES

Fig. 1 conceptual frame work on husband-wife communication about practice of contraceptives in Angecha woreda, Kembata Tembaro zone, SNNPR, March 2011.

2.2 Significance of the study.

The level of spousal communication about family planning in developing countries has been found to be very low. The evidence indicated that lack of communication between wife and husband is a major factor constraining contraceptive use. Although some women attempt to use contraception without their husband's knowledge, many forms of contraception require partner's participation or concurrence.

This couple level study therefore, examined both the spousal characteristics and other environmental factors which directly or indirectly affect husband-wife communication and contraceptive behavior of couples in this particular study area.

Reaching on conclusions and forwarding possible recommendations was another importance of this study. Moreover, local planners, policy-makers and any other concerned bodies will go through the findings of this study and base their plans and programs on the above recommendations in order to address the gap regarding husband-wife communication and practice of contraceptives.

CHAPTER -3 OBJECTIVES OF THE STUDY

3.1 General objectives

To assess husband-wife communications, practice of contraceptives and factors associated in Angecha woreda, Kembata Tembaro zone, SNNPR, March 2011

3.2 Specific objectives

- To estimate the proportion of couples who approve of contraceptive use
- To determine the proportion of husband-wife communication about practice of contraceptives
- To determine the proportion of practice of contraceptives among the study subjects
- To examine the relationship between husband-wife communication and practice of contraceptives among the study subjects
- To identify the relationship between IEC and husband-wife communication and practice of contraceptives among the study subjects

CHAPTER -4 METHODS AND MATERIALS

4.1 Study Area and Period

Angecha woreda is one of the eight woredas found in Kembata Tembaro zone, SNNPR, with a total area of 68,000 hectares, or 693,699 km^2. The woreda had a total population of 88,060 and the total house hold of 20,147. It is located 132 km from Hawassa, capital of the region, and 256 km from Addis Ababa. The woreda comprises a total of 19 kebeles, 17 rural and 2 urban. It is bounded by Lemo woreda in the north, Doyogena in the west, Damboya in the east and Kachabira in the south. The weather condition of the study area is woinadega (65%) and dega (35%). There were 5 first cycle schools (1-4), 17 secondary cycle schools (4-8), 1 high school and 2 private kindergarten schools and 4 health centers in the woreda. The study was conducted from March 1 -7/2003 E.C.

4.2 Study Design

Community based cross sectional study was employed.

4.3 Population

4.3.1 Source Population

The source population for the study was all couples residing in the woreda.

4.3.2 Study population

The study population was a random sample of couples taken from the source population.

4.4 Eligibility criteria

4.4.1 Inclusion criteria

- Wives aged 18-49 and husbands aged 18-60.
- Those couples who have lived together regularly in the study area for at least 6 months

4.4.2 Exclusion criteria

- Wives who were less than 18 and greater than 49 years old and husbands who were less than 18 years old and greater than 60 years old

- Those couples who haven't lived together regularly in the study area for at least 6 months
- Couples who are non-respondent, may be due to mental problems

4.5 Sample Size and Sampling Procedure/ technique

4.5.1 Sample size determination.

The formula used for calculating the required sample size is,

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

$$n = \frac{(1.96)^2 0.775 (1-0.775)}{(0.05)^2}$$

n= 268 couples

Where:

n= the required sample size;

P= 77.5 % (proportion of spouses who approve contraception /use of family planning both the male and female method); (1).

Zα/2 = 1.96 (Critical value at 95% confidence level);

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

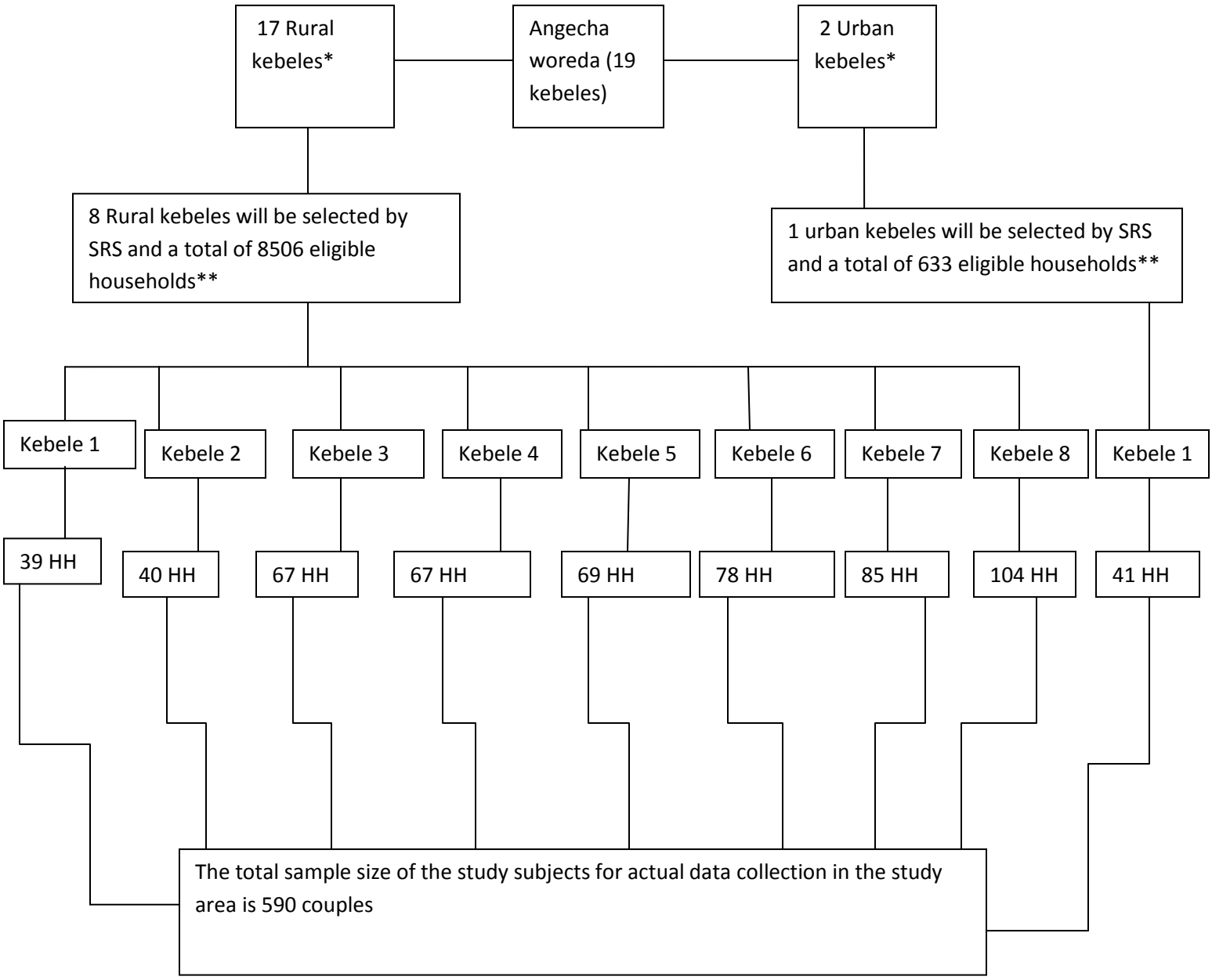
Therefore, the final sample size is approximately 590 couples living in the study area. This was done by considering the design effect of the sampling technique (2) and 10% non-response rate.

4.5.2 Sampling Technique and data collection

A stratified multistage sampling technique was used to select the households. The multistage sampling technique, as shown below (fig 2), has undergone two sampling stages. A total of 19 kebeles were stratified into urban and rural kebele settings. Among these, 1 urban and 8 rural kebeles were randomly selected.

Then data was collected from those eligible households each with the household id that are randomly selected by simple random sampling method using a table of random numbers. In case of polygamous marital union, only one wife was chosen by lottery method. In case of the absence of anyone the respondents during the data collection, appointment was left to visit by the next day.

Sampling procedure/technique



* Primary sampling units

* *Secondary sampling units

Fig. 2 The sampling procedure on husband-wife communication and practice of contraceptives in Angecha Woreda, Kembata Tembaro zone, SNNPR, March 2011

An in-depth interview was utilized among 13 key-informants in order to generate additional information and opinions on husband-wife communication and practice of contraceptives.

For in-depth interview, individuals were selected using non-probability sampling method (purposive sampling method).

- ✓ health service providers (8 HEWs)
- ✓ community leaders (1)
- ✓ religious leaders (4, 1 from Orthodox, 1 from Muslim, 1 from Catholic and 1 from Protestants)

4.5.3 Data collection tool/instrument

Quantitative data was collected by house-to-house administration of structured questionnaire. The questionnaire is adapted from different literatures (10, 15) developed for similar purpose by different authors and are modified according to the local context by the investigator. The content of the questionnaire includes information on socioeconomic, cultural, and Demographic characteristics as well as reproductive history and exposure of the couples to the media. One temporary supervisor was employed to supervise the whole process of the quantitative data collection process.

For qualitative data collection, an interview guide was used to facilitate in-depth interview. An in-depth interview was held in a quiet and comfortable place. The principal investigator was the moderator/data collector and one temporary employed note taker who is fluent with the local language took short notes of the discussion. A tape recorder was used to record the responses. The contents of the guide for the qualitative part was about the roles of the key informants, and their information on social norms and cultural expectations on husband-wife communication about contraceptive use and practices of contraceptives

18 individuals who were 10^{th} and 12^{th} grade complete and who are fluent speakers of the local language (Kembategna) were employed for data collection. And in order to make the actual data collection process more reliable, male and female data collectors were employed to interview husband and wife. The data will be collected both from the husbands and wives at a time.

4.6 Measurements

4.6.1 Study variables

Dependent variables: 1 Husband-wife communication about contraceptive use and

2 Practice of contraceptives

Husband-wife communication is the intervening or intermediate variable

Independent variables

Socio-economic and cultural factors such as:

Educational status

Religion

Ethnicity

Place of residence

Occupational status

Spousal knowledge of contraception

Spousal attitude towards contraception

Demographic factors such as:

Age

Age at marriage

Duration of marriage

Spousal need to have more children

Marital Union and spousal communication

Family structure and spousal communication

Number of living children

Husband-wife communication about contraceptive use

Information, Education and Communication (IEC)

1. Spousal exposure to mass media

Broad casting media (TV, radio)

Other sources of information

2. Inter-personal communication with significant others about the use of contraceptive

Such as: neighbors, relatives, friends, health care provider and others.

4.6.2 Operational definition of variables

Practice of contraceptives - This refers to a current contraceptive behavior of couples so that they were using the method of their choice (modern or traditional, male and female methods) at the time of the survey/study

Husband-wife communication about practice of contraceptives - Refers to the discussion between husband and wife on different contraceptive methods (both male and female methods, whether modern or traditional methods) to use at least six months before the survey/ in the previous year

Age of husband and wife at marriage - This refers to an age at which the husband and wife were married to each other.

Duration of marriage - This refers to a number of months or years both a husband and a wife have lived together after a current marriage.

Family Structure of husband and wife - Staying in an extended family or a nuclear family i.e., households having at least two adults (husband & wife) is taken as a nuclear family whereas households with three or more than three adults is taken as extended family at the time of the survey.

Marital union of husband and wife - This refers to a type of marital union practiced by the couples, which may be either monogamous or polygamous at the time of the survey.

Couple's need to have more children - Refers to differences in spousal need for a dditional number of children they want to have at the time of the survey/study.

Number of Living Children - refers to a number of children living with parents and live elsewhere at the time of interview/survey.

Knowledge about contraceptive methods - Refers to couple's knowledge of different contraceptive methods, which is based on compulsory knowledge question (question 301).

Couple's attitude towards contraceptives - Refers to couple's agreement/disagreement with the use of contraceptives and based on a ten-item Likert-type scale, respondent's answers will be computed to obtain total scores and means will be calculated. The means scores will be used to categorize respondents into three groups, those with positive attitude (respondents who will score => 75%), neutral attitude (respondents who will score 50-74%) and negative attitude (respondents who will score below 50%) towards contraceptive use.

Information, education and communication (IEC) - This refers to various media sources through which husband and wife (couples) had been exposed to contraceptives information in the previous year

4.6.3 Data Quality Assurance

Questionnaires was prepared first in English by the Investigator and then was translated to Kembategna by another individual who is known to speak, write and read the loca language very well. The questionnaire was translated back to English by the same individual in order to maintain its consistency.

The selection of data collectors was based on the ability to speak the local language (kambategna) and educational level.

Provision of 2 today's training for 18 data collectors and 1 supervisor was done about the objectives of the study and process of the data collection. And strict supervision was assumed, mean while any doubts in the questionnaire were clarified.

Finally, the investigator, supervisor and data collectors took a part in a pre-test of the survey questionnaire among 5% of the study subjects for two days and the necessary modifications and correction was made to standardize and ensure its validity in a community similar to the study population, but out of the selected kebeles and care was taken not to include those who already participated in the pre-testing of the questionnaire.

4.6.4 Data processing and Analysis

Data was coded, entered into a data base, cleaned and analyzed using SPSS version 16.0. Simple and multiple binary logistic regression techniques with confidence interval at 95% confidence level was used in identifying predictive variables of the dependent (outcome) variable. Qualitative data was analyzed thematically.

4.6.5 Ethical considerations

Prior to data collection, appropriate ethical clearance was obtained from the ethical clearance committee of Jimma University. Formal letter of permission was produced from administrative bodies of the zone to the woreda and then to the respective kebeles. Moreover, confidentiality will be assured for the information provided since the name of the information provider was not stated on the questionnaire rather coding system was applied. Finally, before the interview, the respondents were requested for their verbal consent after adequate explanation on the objectives, benefits and harm of participating in the study.

4.6.6 Plan for data dissemination and utilization of findings

The findings will be presented to the Jimma University scientific community and will be submitted to the department of Epidemiology and College of Public health and Medical sciences. The findings will also be communicated to the local health planners and other

relevant stakeholders at zonal and woreda level in the area to enable them take recommendations in to consideration during their planning process. It might also be communicated to health planners and managers at regional level. Publication in national or international journals will also be considered.

4.6.7 Strength of the study

- The study incorporates both the quantitative and qualitative methods of the study
- The study tried to address the knowledge, attitude and practice of contraceptives of both the husband and wife.

4.6.8 Possible limitations of the study

- Being a cross sectional study, this study will have the limitation that causal relation might not be inferred clearly. This is to mean that, spousal communication about fertility desire and contraceptive use could occur either before or after adoption of contraception, “chicken-egg dilemma”.

CHAPTER – 5 RESULTS OF THE STUDY

The study was conducted in a total of 588 samples with 99.6% response rate. Out of a sample of 588 households, 434 (73.8%) households had above 3 members and the remaining 154 (26.2%) households had 2-3 members. Out of a sample of 588 households 547 (93.0%) live in rural kebeles and only about 41 (7.0%) live in the urban setting during the study. Out of a sample of 588 respondents, 481 (81.8%) wives and 549 (93.4%) husbands were Kembata ethnic groups. The study revealed that there were 255 (43.4%) wives with no education, 229 (38.9%) primary and 104 (17.7%) secondary and above. According to the study, the majority of wives and husbands 454 (77.2%) were protestant religion followers.

Similarly there were a total of 146 (24.8%) husbands with no education, 258 (43.9%) elementary and 184 (31.3%) secondary and above with their educational achievement. Among the study subjects 341 (58.0%) were housewives, 107 (18.2%) were merchants, 73 (12.4%) employed (government and NGOs) and 67 (11.4%) were others, such as self-employed and daily laborers. Among a total sample of husbands, 277 (47.1%) were farmers, 137(23.3%) were employed (government and NGOs), 108 (18.4%) were merchant and 66 (11.4%) were others, such as self-employed and daily laborers A total samples of 570 (96.9%) husbands had monogamous marital union. (Table 1)

Table 1 Socio- economic and demographic characteristics of the couples in Angecha woreda, Kembata Tembaro zone, SNNPR, Ethiopia, March 2011(N = 588)

Variables	Categories	Frequency	Percent (%)
Residence	Rural	547	93.0
	Urban	41	7.0
Family structure of a household	Nuclear family	154	26.2
	Extended family	434	73 8
Marital union of husband	Monogamy	570	96.9
	Polygamy	18	3.1
Religion of couples	Protestant	454	77.2
	Orthodox	71	12.1
	Catholic	36	6.1
	Muslim	27	4.6
Ethnicity of wife	Kembata	481	81.8
	Hadiya	67	11.4
	Amhara	22	3.7
	Other	18	3.1
Ethnicity of husband	Kembata	549	93.4
	Hadiya	20	3.4
	Amhara	12	2.0
	Other	7	1.2
Education of wife	No education	255	43.4
	Primary	229	38.9
	Secondary & above	104	17.7
Education of husband	No education	146	24.8
	Primary	258	43.9
	Secondary & above	184	31.3
Occupation of wife	Employed	73	12.4
	Merchant	107	18.2
	House wife	341	58.0
	Other	67	11.4
Husband's occupation	Farmer	277	47.1
	Employed	137	23.3
	Merchant	108	18.4
	other	67	11.4
Age of wife	18-27 years	246	41.9
	28-37 years	233	39.6
	38-49 years	109	18.5
Age of husband	18-32 years	239	40.6
	33-47 years	285	48.5
	48-60 years	64	10.9

The mean age of wife at marriage was 20.6 (SD 2.28) and the mean age of husband at marriage was 26.4 (SD 4.30). According to the study, the minimum age of wife at marriage was 18 years and the maximum age was 27 years. The minimum age for husband at marriage was 18 years and the maximum 42 years. On the other hand, the average number of years couples lived together was 9.54 (SD 6.06). Minimum and maximum years couples lived together after a current marriage was 1 year and 27 years, respectively. Average number of living children of a household was about 4 (SD 2.91). Among 545 respondents who have at least one child, the preferred birth interval was 2-3 years. And out of these, 364 (61.9%) respondents said that the next birth will be decided by both husband and wife, 74 (12.6%) by God, 69 (11.7%) by husband only, 33 (5.6%) by wife only and 5 (0.9%) by kin, respectively.

Among wives who had at least one child, 206 (35.0%) want to have more children, 249 (42.3%) don't want to have any more children, 70 (11.9%) said undecided and 20 (3.4%) said it is up to God. Similarly, among husbands who had at least one child, 203 (34.5%) husbands wanted to have more children, 250 (42.5%) didn't want to have any more children, 64 (10.9%) said undecided and 27 (4.6%) said it is up to God.

Regarding source of information, 207 (35.2%) wives and 382 (65.0%) husbands heard about contraceptive methods from radio in the last year. 22 (3.7%) wives and 22 (3.7%) husbands heard from TV, 8 (14%) wives and husbands heard from both radio and TV. 174 (29.6%) wives and 194 (33.0%) husbands heard from friends. 84 (14.3%) wives 125 (21.3%) husbands heard from relatives. 98 (16.7%) wives and 94 (16.0%) husbands heard from neighbors. 440 (74.8%) wives and 359 (61.1%) husbands heard from health care provider. A sample of 81 (13.8%) wives heard from their husbands and a sample of 28 (4.8%) husbands heard from their wives. A sample of 39 (6.6%) wives and a sample of 28 (4.8%) husbands heard from other sources of information in the last year.

Regarding the knowledge of different contraceptive methods, 177 (30.1%) wives and 175 (29.8%) husbands know 1-3 methods, 210 (35.7%) wives and 138(23.5%) husbands know 4-7 methods and 201 (34.2%) wives and 275 (46.8%) husbands know 8-11 methods.

From a total sample, 377 (64.1%) households mentioned radio as a source of information at a household level. The remaining 189 (32.1%) households did not have any source of information (fig. 3).

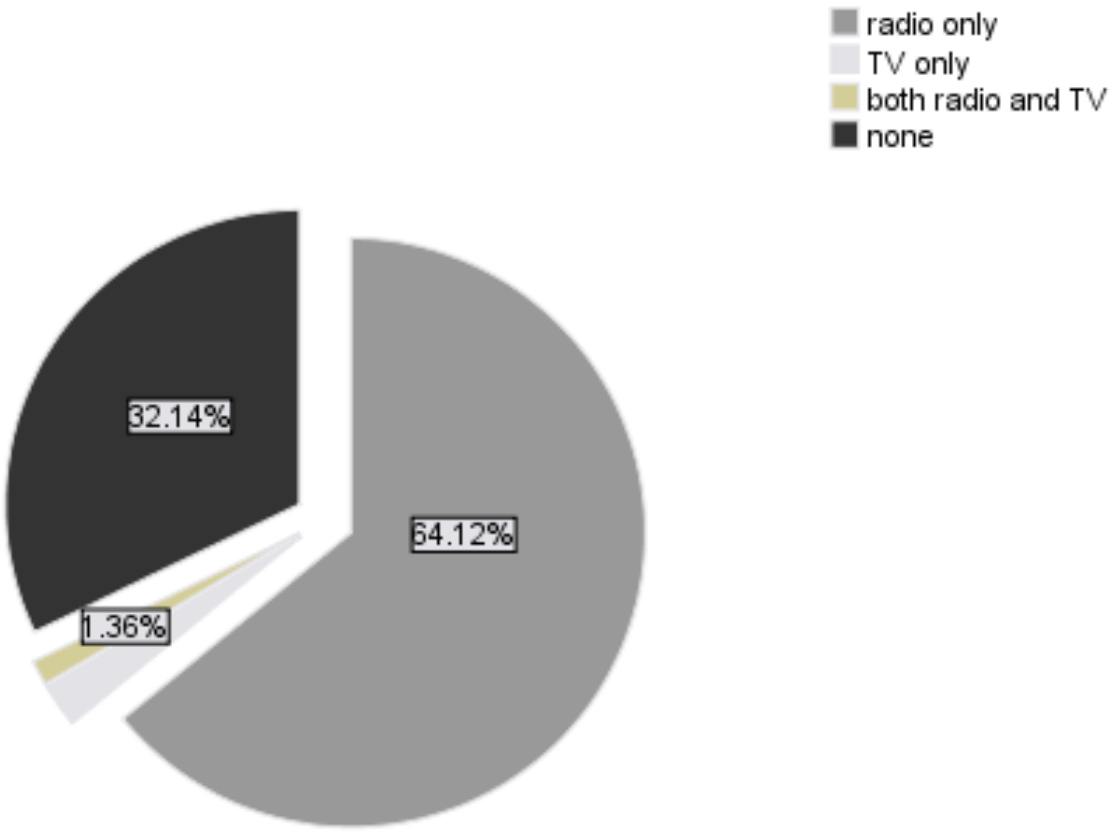


Fig.3 source of information of a household in Angech woreda, Kembata Tembaro zone, March 2011

This study reaveled that samples of 179 (30.4%) wives were currently using contraceptives, 362 (61.6%) wives were not using any contraceptive methods and a sample of 47 (8.0%) wives ever used contraceptives. On the other hand, a sample of 94 (16.0%) husbands were currently using contraceptives, 442 (75.2%) husbands were not

using any methods of contraceptives till the day of the study, whereas a sample of 52 (8.8%) husbands were ever users.

Pills 21(44.7%), implant/nor plant 15 (31.9%) and injectables 11 (23.4%) were some of methods ever used by the wives. On the other hand male condom 51 (98.1%) and periodic abstinence 1 (1.9%) were some of the methods ever used by the husbands. The main reason given by the wives to stop using such contraceptive methods include desire to have more children 25 (53.21%), medical problem 8 (17.02%), fear of side effect 6 (12.77%), fear of infertility 3 (6.38%), rumors 3 (6.38%), preferred method is not available 1 (2.12%) and other reason 1 (2.12%). And the main reason given by the husbands to stop such contraceptive methods include desire to have more children 28 (53.86%), unacceptable in my culture 8 (15.38%), religious prohibition 8 (15.38%), and rumors 8 (15.38%).

Out of 179 wives who were currently using any method of contraceptives, 82 (45.80%) were using for limiting birth, 69 (38.5%) were using for birth spacing, and 28 (5.6%) were using for other purposes. Similarly, out of 94 (16.0%) husbands who were currently using any contraceptive methods, 47 (50%) were using for limiting birth, 35 (37.2%) were using for birth spacing and 12 (12.8%) were using for other purposes. Among wives who are considered as current contraceptive users, 111 (62%) were using pills, 48 (26.82%) were using injectables, 16 (8.94%) were using implant/nor plant, 3 (1.68%) were using female condom and 1 (0.56%) were using periodic abstinence. Similarly a majority of sample of husbands, 92 (97.86%) were using male condom and very few husbands 1 (1.07%) and 1 (1.07%) were using periodic abstinence and withdrawal methods, respectively.

On the other hand, the main reasons by wives for not practicing any contraceptive methods still now include the following, to have more children 118 (32.66%), know no methods 105 (29.0%), religious prohibition 52 (14.36%), husband opposed 27 (7.42%), health concern/medical problem 23 (6.35%), fear of side effect 18 (4.97%), relative/family opposed 8 (2.21%), cultural prohibition 7 (1.93%) and other reasons 4 (1.10%). Similarly, husbands also had almost similar reasons for never having practiced any contraceptive methods. These include to have more children 167 (37.79%), religious prohibition 99 (22.39%), knows no methods 77 (17.42%), cultural prohibition 39

(8.82%), relative/family opposed 23 (5.20%), health concern 10 (2.26%), wife opposed 9 (2.04%), fear of side effect 1 (0.23%) and other reasons 17 (3.85%).

Among a total sample of wives who were not using any contraceptive methods till the day of the survey, 107 (29.56%) had intention to use in the future. Methods of preference was implant/nor plant 41(38.32%), pills 37 (34.59%), injectables 14 (13.08%), IUCD 5 (4.67%), female condom 3 (2.80%), female sterilization 2 (1.87%) and 5 (4.67%) said undecided. And the main reason of preference of these methods by the wives was effectiveness of the method 49 (46.0%), easy to use 23 (22.0%), minimum side effect 22 (21.0%) and ease accessibility 10 (11.0%).

Among husbands who were not using any contraceptive methods till the day of the survey, 48 (10.86%) had intention to use in the future. Methods of their preference was male condom 39 (81.25%), periodic abstinence 3 (6.25%), male sterilization 1 (2.08%), withdrawal 1 (2.08%) and 4 (8.34%) said it is undecided. The main reason of preference of these methods by the husbands was easy to use 20 (41.67%), effectiveness of the method 9 (18.75%), ease of accessibility 7 (14.58%), minimum side effect 5 (10.41%), cultural accountability 4 (8.34%) and others 3 (6.25%). From a total sample of 588 respondents, 271 (46.1%) wives and 290 (49.3%) husbands approved contraceptive use by couples for any reason. A total sample of 153 (26%) wives and a total sample of 152 (25.9%) husbands disapproved contraceptive use by couples. On the other hand 138 (23.5%) wives and 120 (20.4%) husbands were neutral, 26 (4.4%) wives and husbands said they don't know. The main reason given by wives for the disapproval includes religious prohibition 60 (39.22%), desire to have more children 45 (29.41%), husband opposition 15 (9.80%), medical problem 12 (7.84%), fear of side effect 11 (7.19%), cultural prohibition 8 (5.23%) and family/relative disapproval 2 (1.31%).

On the other hand, the main reason given by husbands for the disapproval includes religious prohibition 67(44.08%), desire to have more children 51(33.55%), cultural prohibition 23(15.13%), wife opposition 6 (3.95%), health concern/medical problem 3 (1.97%) and family/relative disapproval 2 (1.32%). The attitude of wives and husbands towards contraceptives was neutral, as it was indicated by the percentage score of about 58% with mean score 26.4 (SD 4.2) for wives and also about 60% with mean score of

27.3 (SD 4.3) for husbands. That is to mean that respondents who scored from 50-74% were labeled as the neutral attitude towards contraceptives by the investigator.

Out of a sample of 588 households, 306 (52.0%) discussed about contraceptive use in the last year. On the other hand, 282 (48.0%) haven't discussed about contraceptive use. The frequency of the discussion was sometimes 99 (32.35%), more often 64 (20.92%), once 56 (18.30%), twice 38 (12.42%), usually 38 (12.42%) and I don't remember 11 (3.59%) in the last year. The discussion was initiated by a husband 179 (58.5%) and by a wife 127 (41.5%). Most of the respondents 271 (88.5%) said the discussion ended up with common consensus between the husband and wife. And a very few respondents 35 (11.5%) said that the discussion ended up without a common consensus between husband and wife.

Moreover, in this study 175 (57.2%) wives reported that they have discussed about contraceptive use with other people aside their husbands. Accordingly, they had held discussion with health care provider 104 (59.43%), neighbors 33 (18.86%), relatives/family members 21 (12.0%) and friends 17 (9.71%). On the other hand, 131 (42.80%) wives said that they haven't discussed with any one aside their husbands. On the other hand, a total of 149 (48.69%) husbands said that they have discussed about contraceptive use aside their wives. Accordingly, they had held discussion with health care provider 72 (48.32%), relatives/family members 32 (21.47%), friends 29 (19.47%) neighbors 16 (10.74%). And 157 (51.31%) husbands said that they haven't discussed with any one aside their wives. From a total sample of 588 households, 332 (56.5%) households reported that they have discussed on the number of children they really want to have in the last year.

Variables such as age, occupation, education, knowledge to different contraceptive methods, couple's need to have more children, source of information of a household and residence which showed significant association with the dependent variable (husband-wife communication) during simple logistic regression analysis were entered into multiple binary logistic regression model. Therefore, the following table (Table 2) shows some predictors on husband-wife communications about practice of contraceptive.

On the other hand, variables such as occupation, education, age, knowledge to different contraceptive methods, couple's need for more children, place of residence, source of

information that showed significant association with the dependent variable (practice of contraceptives) during simple logistic regression analysis were entered in to multiple binary logistic regression model. Therefore, the following table (Table 3) shows some predictors on couple's practice of contraceptives.

Table 2 Adjusted effects of categorical predictor variables on husband-wife communication about practice of contraceptives obtained from the logistic regressions, Kembata Tembaro zone, Angecha woreda, SNNPR, March 2011

Categorical predictor variables	communication		COR for communication 95% CI	AOR for communication 95% Cl
	yes	no		
Occupational status of wife				
- housewife	141	200	1	1
- employed	53	20	.266 (.152 -.415)	1.225 (.0437 - 2.436)**
-merchant	61	46	.532 (.343 - .825)	1.300 (.563 - 2.214)**
- other	51	16	.221 (.121 - .322)	.492 (.195 - .789)
Occupational status of husband				
- farmer	99	178	1	1
- employed	94	43	.254 (.164 - .394)	.816 (.0369 - 1.600)**
- merchant	71	37	.289 (.0182 - .556)	.556 (.278- .841)
- other	42	24	.318 (.182 - .462)	.614 (.265 - .9620)
Wife's need to have more children				
no	142	197	1	1
yes	135	71	.379 (.265 - .530)	.631(.361 - .900)
Husband's need to have more children				
no	145	196	1	1
yes	131	72	.407 (.284 - .582)	.592(.380 - .801)
Place of residence of wife				
- rural	274	273	1	1
- urban	32	9	.282 (.0132 - .563)	.396 (.109 - .682)
Place of residence of husband				
-rural	274	273	1	1
-urban	32	9	.282 (.0132 - .563)	.399 (.118 - .661)
Age of a wife				
- 38 – 49 years	25	84	1	1
-18 -27 years	158	88	.166 (.099 - .238)	.495 (.218 - .778)
-28 - 37 years	123	110	.266 (.0159 - .499)	.566 (.267 - .865)
Age of a husband				
-48 – 60 years	11	53	1	1
–18 -32 years	149	90	.125 (.062 - .252)	.356 (.116 - .596)
–33 -47 years	146	139	.198 (.099 - .300)	.417 (.148 - .688)
Wife'sknowledge to d/t contraceptivemethods				
- know 8-11 methods	194	81	1	1
– know 1-3 methods	35	140	11.17 (6.869 - 15.148)	7.855 (4.316 - 11.295)
- know 4-7 methods	77	61	1.897 (1.168 - 2.680)	1.342 (.832 - 2.165)**
Husband's knowledge to d/t contraceptive methods				
- know 8-11 methods	146	55	1	1
– know 1-3 methods	34	143	11.16 (6.096 - 16.057)	8.203 (4.639 - 11.503)
– know 4-7 methods	126	84	1.769 (1.112 - 2.450)	1.880 (1.001- 2.757)

Table 3 Adjusted effects of categorical predictor variables on practices of contraceptives by wife and husband obtained from logistic regressions, Kembata Tembaro zone, Angecha woreda, SNNPR, March 2011

Categorical predictor variables	practices		COR for practice of contraceptives 95% CI	AOR for practices of contraceptives 95% CI
	yes	no		
Wife's need to have more children				
- no	108	231	1	1
– yes	64	142	0.964 (.0714 - 1.807)	.141 (.02619 - .25708)
Husbabd's need to have more children				
- no	61	280	1	1
– yes	31	172	0.827(.0112 - 1.638)	.107 (.02152 - .2000)
Place of residence of wife				
- rural	154	393	1	1
- urban	25	16	.251 (.0130 - .483)	.322 (.0144 – .621)
Wife's communication with her husband				
-yes	159	147	1	1
-no	20	262	.071 (.0400 - .110)	.068 (.0300 – .100)
Husband's communication with his wife				
-yes	90	4	1	1
- no	216	278	.035 (.012 - 0.055)	.027 (.0100 – .0450)
Wife's knowledge to contraceptives				
- know 8-11 methods	89	112	1	1
– know 1-3 methods	21	156	5.903 (3.461 - 8.068)	2.807 (1.463 – 4.384)
-know 4-7 methods	69	141	1.624 (1.088- 2.424)	1.696 (.1055 - 2.928)

**- not statistically significant ($p > 0.05$)

CHAPTRER - 6 DISCUSSIONS

In this study, husbands and wives were asked whether they approve or disapprove the use of contraceptives by couples, about 47.7% of couples approved the use of contraceptive methods by couples for any reason. This was very less when compared to a study conducted in Sodo town of Wolaita, in which about 77.5% of couples approved contraceptive use for any reason (1).

In this study husband-wife communication about practice of contraceptives is about 52%, which was better than 24% reported by the study conducted in the northern part of the country in 1995 (10). But the result of this study was slightly less than a study done in Sodo town of Wolaita 59.8% and Hosanna town 66% of married men discussed the issue of family planning with their wives, respectively (1, 11).

The difference among the three studies might be explained by cultural difference among the communities. And also, this idea is supported by a 23 years old health extension worker that*:"…..it was too difficult even to think of husband-wife communication before. This was mainly because of the strong local cultures and female's fear of rejection and lack of support from their husbands. But now, we are working on those cultures and encouraging females to talk on reproductive health issues with their husbands....."*

A tendency to discuss family planning was higher among couples from non-agricultural sectors. This means service and business sectors were favorable to spousal discussion about family planning. But according to this study, the opposite is true. This is to mean that the discussion among husbands with agriculture sector outwieghs the discussion among merchants (AOR= .556 95.0% CI, .278 - .841) and other business-based occupational sectors (AOR= .614, 95.0% CI, .265 - .962). Similarl finding also confirmed that, the discussion among housewives outwieghs the discussion of wives with other business-based occupational sectors (AOR= .49, 95.0% CI, .195 - .789).

This finding might be due to the active and continous face-to-face interaction of the grass-root level or community health workers with the housewives and farmers more likely than merchants and other business sectors. This is because such individuals might be relatively busy and might not have more exposure for community-involved health activities. This assumption is supported by the qualitative finding transcribed from a 24 years old health extention worker as follows:

"…….it's better for us to work with the farmers and housewives who are relatively usually at home……others like daily laborers, merchants and other self-employees are always busy and are in search of their own business…..they are relatively hard to reach with routine aswell as house-to-house interventions of public health services including family planning……."

In this study, no significant association was observed between education and husband-wife communication and practice of contraceptives. However, the study conducted in Pakistan revealed that the differential of contraceptive practice rate is greater between women who have no education (24). And this finding was also supported by the following qualitative finding. A 22 years old health extension worker said that

"…….at the beginning things were difficult for us to work with these people. Because, most of them have no education and were resistant to our program. Even some of them had a false feeling that 'contraceptives are the strategies for infertility'. But now we are so much happy that our people easily understand us regardless of their educational level……."

In this study, it was found that wives who want to have more/additional children were .63 times less likely to discuss with their husbands about the practice of contraceptives (AOR = .63, 95.0% CI, 0.361 – 0.900) when compared to wives who do not want to have any more children. Similarly, husbands who want to have more/additional children were.59 times less likely to discuss with their wives about the practice of contraceptives (AOR =.59, 95.0% CI, 0.380 - 0.801) when compared to husbands who do not want to have any more children.

The following qualitative finding from each religion also supports the above finding and was summarized as follows: *"……..it's God's/Alaha's will and order for each generation to keep its perpetuity. But he wants every one to have a plan for his/her life. Therefore, we should stop the old saying that 'let a child be born and enjoy a fate of life, because, children are wealth'.But now, most household is adjusting its family size with the economic standard. Otherwise we should talk on and encourage others to talk on the number of children to have……."*

In this study, couple's practice of contraceptives could be determined by husband-wife need whether to have or not to have any more children. That is to mean that wives who want to have more or additional children were less likely to practice contraceptives (AOR = .141, 95.0% CI, .02619 - .25708) than wives who do not want to have any more children. Similarly, husbands who want to have more or additional children were less likely to practice contraceptives (AOR =.107, 95.0% CI, .02152 - .2000) than husbands who do not want to have any more children.. This finding is in line with a study conducted in Hossana. It was found that men who want to have more children were less likely to practice modern contraception when compared to those who wanted no more children (AOR=.54, 95% CI-.35-.84) (15).

Urban settings are unique in that the development of social services, such as job opportunities, school participation, broadcasting facilities and other services are more

accessible than rural counterpart. I think that's why this and other studies also reaveled that couples living in urban setting were more likely to discuss and practice contraceptives than the rural setting counter parts. Wives living in rural were .39 times less likely to discuss with their husbands (AOR = .39, 95.0% CI, .109 – 0.682), and.32 times less likely to practice contraceptives (AOR = .32, 95.0% CI, 0.0144 – 0.621) than wives living in the urban counter parts. Similarly, husbands living in rural areas were.399 times less likely to discuss with their wives (AOR = .399, 95.0% CI, 0.118 – 0.661). This finding is in line with the study conducted in Keny, Bangeladesh and Nepal (17, 23, 34).

From this study it was also found that husbands in 18-32 years age interval were .4 times less likely to discuss (AOR = .4, 95.0% CI, 0.116 – 0.596) and husbands in 33-47years age interval were.42 times less likely to discuss with their wives (AOR = .42, 95.0% CI, 0.1480 – 0.688) about practice of contraceptives when compared to husbands in 48-60 years age interval. On the other hand, wives in18-27 years age interval were .495 times less likely to discuss with their husbands (AOR = .495, 95.0% CI, .218 - .778) and also wives in 28-37 years age interval were .57 times less likely to discussion with their husbands about practice of contraceptives (AOR = .57, 95.0% CI, .267 - .865) when compared to wives in 38-49 age interval. This finding is in line with the study conducted in Nepal that found that husband-wife communication about family planning varied with age of husband and wife. (16). From this finding, one also could easily guess that there might be a great desire for couples to have more children in the early years of marriage and shifting to discussion in the late years of marriage. As it was supported by qualitative finding from a 45 years old community leader that: *"……..in our culture it is almost common to talk about a number of children to have at the early years of marriage…..a husband as well as a wife is shy to talk about contraceptives at this time…..the question of contraception might be thought as late as possible……."*

From this study, it was found that husbands who know at least 1-3 different contraceptive methods (AOR = 8.2, 95.0% CI, 4.639 – 11.503) and husbands who know at least 4-7 different contraceptive methods (AOR = 1.9, 95.0% CI, 1.001 – 2.757) were more likely to discuss with their wives about the practice of contraceptives when compared to husbands who know at least 8-11 methods. The discussion rate was higher for the wives who know at least 1-3 different contraceptive methods (AOR = 7.9, 95.0% CI, 4.316 - 11.295) than the wives who know at least 8-11 different contraceptive methods. Wives who know at least 0-3 different methods (AOR= 2.807, 95.0% CI, 1.463 - 4.384) and wives who know at least 4-7 different contraceptive methods (AOR= 1.624, 95.0% CI, .1055 - 2.928) were more likely to practice contraceptives when compared to those who know at least 8-11 different contraceptive methods.

More over, the study reaveled that wives who do not discuss with their husbands about the practice of contraceptives were less likely to practice contraceptives (AOR = .068, 95.0% CI, 0.0300 – 0.100). And husbands who do not discuss with with their wives about practice of contraceptives were less likely to practice contraceptives (AOR = .027, 95.0% CI, 0.0100 - .04500) than their counterparts. One study conducted in Hosanna also found that men with inter-spousal communication were more likely to practice family planning methods when compared to those who did not have the communication (AOR= 17.27, 95% Cl, 10.72-27.82). Another study conducted in Sodo town of Wolaita zone found that men who had discussions with their wives about family planning matters were more likely to practice family planning method than men who had no discussion (AOR= 4.091 95% CI, 2.273-7.364)

In this study, we found that there is no stastical association between contraceptive practice and religion. The impact of religion on contraceptive use has now diminished. The qualitative findings also showed that there was no significant effect of religion in practice of contraceptives. The idea from the different religious categories about the issue was summarized and quoted as

"…..no matter how much we are committed to our religion, we are almost in line with the adoption and practice of different contraceptive methods. This is mainly because of the influence of teaching from health extension workers....."

CHAPTER – 7 CONCLUSION & RECOMMENDATIONS

7.1 Conclusions

From this study it was found that 61.6% of wives and 75.2% of husbands were not using any methods of contraceptive methods till the day of the study. This was mainly because of the influence of the desire for more children and cultural and religious prohibitions, even though the religious affiliations of the respondents are not statistically significant to the practice of contraceptives by couples.

The attitude of wives and husbands towards contraceptives was neutral, as it was indicated by the percentage score of about 58% with mean score 26.4 (SD 4.2) for wives and also about 60% with mean score of 27.3 (SD 4.3) for husbands. That was to mean that respondents who scored from 50-74% were labeled as the neutral attitude towards contraceptives by the investigator.

This study also reaveled that there was 52% of husband-wife communications about practice of contraceptive which is less than study conducted in Sodo town of Wolaita zone (59.8%) and the study conducted in Hosanna town (66%).

Finally, age, occupation, residence, need for more children, and knowledge of couples to different contraceptive methods were independent predictors of husband-wife communication about practice of contraceptives. On the other hand, husband-wife communication is an independent predictor of practice of contraceptives by couples.

7.2 Recommendations

- **SNNP regional Health bureau** – the regional Health bureau should focus on SWOT analysis and use various family planning studies in order to plan short and long term family planning services to fill the gap and address most disadvantaged areas and groups. Moreover, the bureau should focus on practical and technical aspects of the service so that service providers will be well equipped in order to fill the gap in family planning consumers.
- **Kembata Tembaro zone health department and woreda Health office** – this body should directly go to the grass-root level and assess any inconveniences and gap identified by the study among the family service eligible. In addition to this, HD and woreda office should undergo continuous orientation and refreshments for the community family health workers.

- **Health service providers** – health service providers including Health extension workers should consider the above identified gaps and act up on it. That means, they should use culturally acceptable and environmentally accountable technologies and strategies to promote positive contraceptive attitude and practice of couples/family planning eligibles**.**
- **Other relevant bodies and NGOs** – these bodies should consider the above gap if they are interested to work in this particular local area on family planning services. Moreover, further studies should be considered since there are limited studies on the issue of husband-wife communication about practice of contraceptives.

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ANNEX

Consent Form

Jimma University Faculty of public health and medical sciences department of Epidemiology Survey questionnaire on husband-wife communication about contraceptive use in Angecha woreda, SNNPR, March 2011

Client interview Greeting

Hello! My name is _____. I am a_____. We are interviewing couples to know their socio-economic, demographic and cultural characteristics, as well as level of spousal communication about contraceptive use and their general knowledge, attitudes and practice towards contraceptives. I am going to ask you some questions that are not difficult to answer. Your name will not be written in this form and will never be used in connection with any of the information you tell me. You don't have to answer any question that you don't want to answer and you may end this interview at any time you want to. However, your honest answer to these questions will help as in identifying the role of couples in fertility preference and contraceptive use and will enable us to design appropriate interventions or strategies. We would appreciate your help in responding to our questions. The interview will take about 20-30 minutes.

Do you have any opinion regarding this study?

Are you willing to participate in the study?

1. Yes, continue 2. No, thank you

- Name and signature of the interviewer certifying that the informed consent has been verbally obtained

Name _____ Signature _____Date ____/____/_____

Study site: kebele _____ Household id_____

Part –I Table 4 Socioeconomic and cultural characteristics of couples living in Angecha woreda, SNNPR, March 2011 (If it is more than one answer circle each number and put"√"in the box which is in front of each respondent).

Ques no.	*Questions*	Responses and coding	*Skip*
101	*House code*	_____	
102	*Family size*	_____	
103	Age	husband_____years wife_____years	
104	Residence	1 urban_ 2 rural_	
105	Ethnicity of husband & wife?	1. Kembata ☐ wife ☐ husband 2. Hadiya ☐ wife ☐ husband 3. Amhara ☐ wife ☐ husband 4. Gurage ☐ wife ☐ husband 5. Silte ☐ wife ☐ husband 6.Oromo ☐ wife ☐ husband 7. Other, specify ☐ wife ☐ husband Wife_____ husband_____	
106	Religion of husband & wife?	1. Protestant ☐ wife ☐ husband 2. Orthodox ☐ wife ☐ husband 3. Catholic ☐ wife ☐ husband 4.Muslim ☐ wife ☐ husband 5. Traditional ☐ wife ☐ husband 6. Other, specify ☐ wife ☐ husband Wife_____ husband_____	
107	Educational status of husband & wife?	1 Illiterate (can't read and write) ☐ wife ☐ husband 2 Can read and write (no formal grade) ☐ wife ☐ husband 3 Elementary (1-6) ☐ wife ☐ husband 4 Junior (7-8) ☐ wife ☐ husband 5 Secondary (9-12) ☐ wife ☐ husband 6 Tertiary (12^{+}) ☐ wife ☐ husband	
108	Occupational status of husband & wife?	1.Government employee ☐ wife ☐ husband 2. Merchant ☐ wife ☐ husband 3. Daily laborer ☐ wife ☐ husband 4.House wife ☐ wife ☐ husband 5. Farmer ☐ wife ☐ husband 6. Jobless ☐ wife ☐ husband 7. Self employee ☐ wife ☐ husband 8. NGOs employee ☐ wife ☐ husband 9. Student ☐ wife ☐ husband 10. Other, specify ☐ wife ☐ husband	

		Wife_____ husband_____	
109	Monthly income of couples (in Birr)?	1 _____Birr per month 2 No response 3. No any income	

Part-II Table 5 Reproductive History of the couples living in Angecha woreda, SNNPR, March 2011.

Quesn no.	*Questions*	Responses and coding	*Skip*
201	Marital union? (husband & wife)	Monogamy__1 Polygamy____2 ▭ wife ▭ wife ▭ husband ▭ husband	
202	At what age were you married to your current husband/wife?(husband & wife)	Age in years of husband_____ Age in years of wife_____	
203	How many years/months have you lived together after the current marriage?(husband & wife)	1 Number of Years _____ 2 Number of months _____	
204	Number of living children from current marriage	Number _____ Male_____ Female_____	
205	Do you want to have any more children?(husband & wife)	1_____ Yes ▭ wife ▭ husband 2_____No ▭ wife ▭ husband 3_____ Undecided ▭ wife ▭ husband 4_____ Up to god ▭ wife ▭ husband	If no, undecided, and up to God, skip to ques. no 208
206	If yes for question no 205, How many children do want to have? (husband & wife)	1. None ▭ wife ▭ husband 2. 1-2 ▭ wife ▭ husband 3. 3-4 ▭ wife ▭ husband 4. More than four ▭ wife ▭ husband 5 don't know ▭ wife ▭ husband	
207	How many of these children would you like to be boys /girls?(husband & wife)	1 Boys _____ ▭ wife ▭ husband 2 Girls _____ ▭ wife ▭ husband 3 It is not a problem ▭ wife ▭ husband 4 God knows ▭ wife ▭ husband 5 Other, specify ▭ wife ▭ husband Wife_____ husband_____	

208	Who has the greatest influence in deciding the number of children to have? (husband & wife)	1 Husband ☐ wife ☐ husband 2 Wife ☐ wife ☐ husband 3 Both ☐ wife ☐ husband 4 Kin ☐ wife ☐ husband 5 God ☐ wife ☐ husband 6 Other specify ☐ wife ☐ husband Wife_____ husband_____	
209	How many children do you think an average Ethiopian family should have? (husband & wife) (your ideal family size?)	1. None ☐ wife ☐ husband 2. 1-2 ☐ wife ☐ husband 3. 3-4 ☐ wife ☐ husband 4. More than four ☐ wife ☐ husband 5 Don't know ☐ wife ☐ husband	
210	If you preferred to have another child, how long would you like to wait before the birth of another child? (husband & wife)	1_____Months if less than 2 years ☐ wife ☐ husband 2. 2 to 3 years ☐ wife ☐ husband 3. 3 to 4 years ☐ wife ☐ husband 4. More than 4 years ☐ wife ☐ husband 5. Do not want to wait ☐ wife ☐ husband 6. Do not know ☐ wife ☐ husband	
211	Who takes decision on when to have another child? (husband& wife)	1 Husband only ☐ wife ☐ husband 2Wife only ☐ wife ☐ husband 3 Both of them ☐ wife ☐ husband 4 No decision ☐ wife ☐ husband 5 God knows ☐ wife ☐ husband 6 Other specify ☐ wife ☐ husband Wife_____ husband_____	

Part –III Table 6 Information on Knowledge about contraceptives and its sources of information, among couples living in Angecha woreda, SNNPR, March 2011.

Ques no.	Questions	Responses and coding	Skip
301	There are different ways/methods by which pregnancy can be delayed or avoided. Can you list the methods you know?(husband & wife)	1 Pills ☐ wife ☐ husband 2 Female condom ☐ wife ☐ husband 3 Injectables ☐ wife ☐ husband 4 Implant/Norplant ☐ wife ☐ husband 5 IUCD ☐ wife ☐ husband 6 Foam, diaphragm, jelly ☐ wife ☐ husband 7 Female sterilization ☐ wife ☐ husband 8 Periodic abstinence ☐ wife ☐ husband	

		9 Withdrawal ☐ wife ☐ husband 10 Male condom ☐ wife ☐ husband 11 Male sterilization ☐ wife ☐ husband 12 I don't know ☐ wife ☐ husband 13 Other specify ☐ wife ☐ husband Wife_____ husband_____	
302	What is (are) the sources of information at your home? (husband & wife)	1 Radio only 2 TV only 3 Both Radio and TV 4 None	
303	From where did you get information about modern/traditional contraceptives in the last year? (husband & wife)	1 Radio ☐ wife ☐ husband 2 TV ☐ wife ☐ husband 3 Newspaper ☐ wife ☐ husband 4 Friends ☐ wife ☐ husband 5 Relatives ☐ wife ☐ husband 6 Neighbors ☐ wife ☐ husband 7 Health care providers ☐ wife ☐ husband 8 Spouse ☐ wife ☐ husband 9 None ☐ wife ☐ husband 10 Other specify ☐ wife ☐ husband Wife_____ husband_____	

Part IV Table 7 Information on attitude towards contraceptives, among couples living in Angecha woreda, SNNPR, March 2011.

Ques no.	Questions	Responses and coding	Skip
401	Do you yourself approve or disapprove of couples using methods of contraceptives? (husband &wife)	1 Approve ☐ wife ☐ husband 2 Disapprove ☐ wife ☐ husband 3 Don't know ☐ wife ☐ husband 4 Other specify ☐ wife ☐ husband Wife_____ husband_____	If approve, skip to question no 403
402	If you disapprove for question no 401, what is your reason? (husband &wife)	1 Husband/wife refused ☐ wife ☐ husband 2 Family disapproval ☐ wife ☐ husband 3 Religious prohibition ☐ wife ☐ husband 4 Culture do not allow ☐ wife ☐ husband 5 Desire to have more children ☐ wife ☐ husband	

		6 Fear of side effect ☐ wife ☐ husband 7 Medical problem ☐ wife ☐ husband 9 Other, specify ☐ wife ☐ husband Wife_____ husband_____	
403	It is a taboo to talk about contraceptive issues openly (husband &wife).	1 Strongly agree ☐ wife ☐ husband 2 Agree ☐ wife ☐ husband 3 Neutral ☐ wife ☐ husband 4 Disagree ☐ wife ☐ husband 5 Strongly disagree ☐ wife ☐ husband	
404	Contraceptive use is associated with promiscuity (husband & wife).	1 Strongly agree ☐ wife ☐ husband 2 Agree ☐ wife ☐ husband 3 Neutral ☐ wife ☐ husband 4 Disagree ☐ wife ☐ husband 5 Strongly disagree ☐ wife ☐ husband	
405	Too large a family size strains the family's economic situation? (husband &wife)	1 Strongly agree ☐ wife ☐ husband 2 Agree ☐ wife ☐ husband 3 Neutral ☐ wife ☐ husband 4 Disagree ☐ wife ☐ husband 5 Strongly disagree ☐ wife ☐ husband	
406	Only God/Allah decides the number of children I should have.	1 Strongly agree ☐ wife ☐ husband 2 Agree ☐ wife ☐ husband 3 Neutral ☐ wife ☐ husband 4 Disagree ☐ wife ☐ husband 5 Strongly disagree ☐ wife ☐ husband	
407	A large family makes a happy home? (husband &wife)	1 Strongly agree ☐ wife ☐ husband 2 Agree ☐ wife ☐ husband 3 Neutral ☐ wife ☐ husband 4 Disagree ☐ wife ☐ husband 5 Strongly disagree ☐ wife ☐ husband	
408	Too many children are often harmful to the health of the mother? (husband &wife)	1 Strongly agree ☐ wife ☐ husband 2 Agree ☐ wife ☐ husband 3 Neutral ☐ wife ☐ husband 4 Disagree ☐ wife ☐ husband 5 Strongly disagree ☐ wife ☐ husband	
409	Contraceptive practice will cause a loss of confidence between a husband and a	1 Strongly agree ☐ wife ☐ husband 2 Agree ☐ wife ☐ husband	

	wife? (husband &wife)	3 Neutral ☐ wife ☐ husband 4 Disagree ☐ wife ☐ husband 5 Strongly disagree ☐ wife ☐ husband	
410	Contraceptive use may cause infertility in a woman? (husband &wife)	1 Strongly agree ☐ wife ☐ husband 2 Agree ☐ wife ☐ husband 3 Neutral ☐ wife ☐ husband 4 Disagree ☐ wife ☐ husband 5 Strongly disagree ☐ wife ☐ husband	
411	Men should share the responsibility for contraception?(husband &wife)	1 Strongly agree ☐ wife ☐ husband 2 Agree ☐ wife ☐ husband 3 Neutral ☐ wife ☐ husband 4 Disagree ☐ wife ☐ husband 5 Strongly disagree ☐ wife ☐ husband	

Part v Table 8 Information about practice of contraceptives, among couples living in Angecha woreda, SNNPR, March 2011.

Ques no.	Questions	Responses and coding	Skip
501	Would you tell me to which group do you belong with regard to modern/traditional contraceptive use? (husband &wife)	1 Current user ☐ wife ☐ husband 2 Ever user ☐ wife ☐ husband 3 Non user ☐ wife ☐ husband	
502	What was the method you used then? (husband & wife) (for ever user)	1 Pills ☐ wife ☐ husband 2 Injectables ☐ wife ☐ husband 3 Implant/Norplant ☐ wife ☐ husband 4 IUCD ☐ wife ☐ husband 5 Foam, diaphragm, jelly ☐ wife ☐ husband 6 Female sterilization ☐ wife ☐ husband 7 Female condom ☐ wife ☐ husband 8 Periodic abstinence ☐ wife ☐ husband 9 Calendar method ☐ wife ☐ husband 10 Withdrawal ☐ wife ☐ husband 11 Male sterilization ☐ wife ☐ husband 12 Male condom ☐ wife ☐ husband 13 Other specify	
503	What was the main reason that you stopped using contraceptive methods? (husband & wife) (for ever users)	1 Fear of side effect ☐ wife ☐ husband 2 Fear of infertility ☐ wife ☐ husband 3 Desire to have more children ☐ wife ☐ husband 4 Medical problem ☐ wife ☐ husband 5 Preferred method is not available ☐ wife ☐ husband	

		6 Unacceptable in my culture ☐ wife ☐ husband 7 Religious prohibition ☐ wife ☐ husband 8 Rumors ☐ wife ☐ husband 9 Other, specify ☐ wife ☐ husband Wife_____ husband_____	
504	Who talked about these rumors? (husband & wife)	1 Current users ☐ wife ☐ husband 2 Ever users/defaulters ☐ wife ☐ husband 3 Nonusers ☐ wife ☐ husband 4 No one ☐ wife ☐ husband 5 Other, specify ☐ wife ☐ husband Wife_____ husband_____	
505	How many living children did you have at time when you stop using? (For ever- users) (husband and wife)	Enter the number of children _____	
506	If you are currently using the Contraceptive method for what purpose? (for current users) (husband and wife)	1 Birth spacing ☐ wife ☐ husband 2 Limiting birth ☐ wife ☐ husband 3 Do not know ☐ wife ☐ husband 4 Other, Specify ☐ wife ☐ husband Wife_____ husband_____	
507	What modern or traditional contraceptive method do you use? (husband & wife) (Circle only in the number against the method that she /he currently uses)	1 Pill ☐ wife ☐ husband 2 IUD ☐ wife ☐ husband 3 Injectables ☐ wife ☐ husband 4 Implants/Norplant ☐ wife ☐ husband 5 Female condom ☐ wife ☐ husband 6 Female sterilization ☐ wife ☐ husband 7 Male condom ☐ wife ☐ husband 8 Male sterilization ☐ wife ☐ husband 9 Calendar method ☐ wife ☐ husband 10 Periodic abstinence ☐ wife ☐ husband 11 Other, specify ☐ wife ☐ husband Wife_____ husband_____	
508	Who usually in the family make the decision whether to practice contraceptives or not?(husband & wife)	1 Husband ☐ wife ☐ husband 2 Wife ☐ wife ☐ husband 3 Both ☐ wife ☐ husband 4 Our friends ☐ wife ☐ husband 5 Our parents ☐ wife ☐ husband 6 Other specify, ☐ wife ☐ husband Wife_____ husband_____	
509	If you were not using any contraceptive method to delay or avoid pregnancy would you tell me the main reason? (for non users) (husband & wife)	2 Husband/wife opposed, ☐ wife ☐ husband 3 Relative opposed ☐ wife ☐ husband 4 Knows no methods ☐ wife ☐ husband 5 Knows no source ☐ wife ☐ husband 6 Health concern ☐ wife ☐ husband 7 Fear of side effects ☐ wife ☐ husband	

		8 Lack of access or too far ☐ wife ☐ husband 9 To much cost ☐ wife ☐ husband 10To have more children ☐ wife ☐ husband 11 In convenient to use ☐ wife ☐ husband 12 Religious prohibition ☐ wife ☐ husband 13 Cultural problem ☐ wife ☐ husband 14 Fear of infertility ☐ wife ☐ husband	
510	Do you intend to use any method to delay or avoid pregnancy at any time in the future? (husband & wife)	1_____ Yes ☐ wife ☐ husband 2_____ No ☐ wife ☐ husband 3 Not decided ☐ wife ☐ husband 4 Don't know ☐ wife ☐ husband	If no, or not decided, or don't know skip to question no 513
511	If yes for question no 501, which method would you prefer to use with your husband?	1 Pill ☐ wife ☐ husband 2 IUD ☐ wife ☐ husband 3 Injectables ☐ wife ☐ husband 4 Implants (Norplant) ☐ wife ☐ husband 5 Female condom ☐ wife ☐ husband 6 Female sterilization ☐ wife ☐ husband 7 Rhythm period ☐ wife ☐ husband 8 Periodic abstinence ☐ wife ☐ husband 9 Withdrawal ☐ wife ☐ husband 10 Male sterilization ☐ wife ☐ husband 11 Male condom ☐ wife ☐ husband 12 Other, specify ☐ wife ☐ husband Wife_____husband_____	
512	Why do you prefer the above method?(husband & wife)	_____ _____ wife _____ husband _____	

Part VI Table 9 Information on husband-wife communication about contraceptive use among couples living in Angecha woreda, SNNPR, March 2011.

Ques no.	Questions	Responses and coding	Skip
601	Do you discuss with your husband/wife on general family matters? (husband & wife)	1_____ Yes ☐ wife ☐ husband 2_____ No ☐ wife ☐ husband	If no, skip to question no 603
602	If yes for question no 601, What issues do you discuss about?(husband & wife)	1 Financial ☐ wife ☐ husband 2 Children's schooling ☐ wife ☐ husband 3 Division of labor ☐ wife ☐ husband 4 Other specify ☐ wife ☐ husband Wife_____ husband_____	
603	Did you ever discuss about contraceptive use with your husband/wife in the previous year? (husband & wife)	1_____ Yes ☐ wife ☐ husband 2_____ No ☐ wife ☐ husband	If no, skip to question no 608
604	If yes for question no 603, how often (with in last year)?(husband & wife)	1 Once ☐ wife ☐ husband 2 Twice ☐ wife ☐ husband 3 Sometimes ☐ wife ☐ husband 4 More often ☐ wife ☐ husband 5 I don't remember ☐ wife ☐ husband	
605	What were the items discussed? (husband & wife)	1 Number of children ☐ wife ☐ husband 2 Spacing of children ☐ wife ☐ husband 3 Family planning methods ☐ wife ☐ husband 4 Others (Specify) ☐ wife ☐ husband	
606	Who usually initiates discussion about contraceptive use?(husband & wife)	1 Husband ☐ wife ☐ husband 2 Wife ☐ wife ☐ husband 3 Not applicable ☐ wife ☐ husband	
607	How did you end up the discussion? (husband & wife)	Specify_____ wife _____ _____ husband _____	
608	Did you ever discussed with any other person about contraceptive aside from spouse? (husband & wife)	1_____ Yes ☐ wife ☐ husband 2_____ No ☐ wife ☐ husband 3_____ No response ☐ wife ☐ husband 4_____ I don't remember ☐ wife ☐ husband	

609	If yes for question no 608, with whom did you ever discuss?(husband & wife)	1 Health care provider ☐ wife ☐ husband 2 Neighbors ☐ wife ☐ husband 3 Relatives ☐ wife ☐ husband 4 Friends ☐ wife ☐ husband 5 Other specify ☐ wife ☐ husband Wife_____ husband_____	If no, skip to question no 610
610	Have you ever discussed the number of children you really want to have & you would like to have? (husband & wife)	1_____ Yes ☐ wife ☐ husband 2_____ No ☐ wife ☐ husband 3_____ no response ☐ wife ☐ husband	

Date of interview _____/_____/_____

Name of interviewer_____

Signature of interviewer_____

Faculty of public health and medical sciences department of Epidemiology
Survey questionnaire on husband-wife communication about contraceptive use in Angecha woreda, SNNPR, March 2011

II. Interview guide for the qualitative study

1. In-depth interview guide: Health service providers/HEWs

Hello! My name is _____. I am a_____.And his name is_____. He _____

We are interviewing some key-informants like you in order to generate additional information and opinions on husband wife communication about contraceptive use and practice of contraceptives. I am going to ask you some questions that are not difficult to answer. Your name will not be written in this form and will never be used in connection with any of the information you tell me. Before we start I would like to remind you that there are no rights or wrong answers in this discussion. We are interested in knowing what you think, so please feel free to be frank and to share your point of view. It is very important that we hear your opinion.

Do you have any opinion regarding this study?

Are you willing to participate in the study?

1. Yes, continue *2. No, thank you*

Name and signature of the interviewer certifying that the informed consent has been verbally obtained

Name _____ Signature _____Date ____/____/_____

Age of the respondent _____ years Sex of the respondent male____ female____

1. How long have you been providing family planning information or services to clients?
2. What methods do you tell them about?
• What methods do men or women use most often? Please explain.
• What methods do men or women use less often? Please explain.
• What methods are available in your health post/health center?
3. Based on your experience, how are decisions about family planning made in this community?
• Who is involved in the process?
4. What do you tell a client who wants to wait for sometimes, for example two years or more before becoming pregnant again? Please explain.
• What do you tell a client who no longer wants any more children?
• What methods do you recommend to the client, in each instance?
• Does the age of the client influence which methods you recommend? How so?
5. What is the total cost of these methods to the clients in this facility?

• What do they pay for the procedure/services?
• How many visits are needed before the client is able to obtain the method?
6. How well equipped is this facility for providing each of these methods?
• Does it have the necessary kits?
• Does it have emergency preparedness equipment?
• Is a family planning counselor available for your clients prior to the procedure?
7. Are the staff members at your family planning clinic trained in providing the methods that we have talked about today?
• Do they have more experience with certain methods?
• Do they have less experience with certain methods?
• What is their level of motivation?
• What is their level of confidence?
8. How interested do you think clients in this community are in these different methods?
9. What is the best way to inform people in this community about the contraceptive methods?
10. What barriers prevent contraceptive use and husband-wife communications about use of the contraceptives methods we have discussed above? Please explain.
What is your contribution for the clients to communicate about the family planning issues?
11. What is the ideal number of children in a family?
• How many girls?
• How many boys?
• What is the ideal number of years to have between children?
• Is there an ideal order in which female and male children should be born? If so, what is the preferable birth order for girls and boys?
12. Let's summarize some of the key points from our discussion. Is there anything else? Do you have any questions?

Thank you for taking the time to talk to us!!

2. In-depth interview guide: Religious leaders

Hello! My name is _____. I am a_____.And his name is_____. He _____
We are interviewing some key-informants like you in order to generate additional information and opinions on husband wife communication about contraceptive use and practice of contraceptives. I am going to ask you some questions that are not difficult to answer. Your name will not be written in this form and will never be used in connection with any of the information you tell me. Before we start I would like to remind you that there are no rights or wrong answers in this discussion. We are interested in knowing what you think, so please feel free to be frank and to share your point of view. It is very important that we hear your opinion.

Do you have any opinion regarding this study?

Are you willing to participate in the study?

1. Yes, continue *2. No, thank you*

Name and signature of the interviewer certifying that the informed consent has been verbally obtained

Name _____ Signature _____Date ____/____/_____

Age of the respondent _____ years Sex of the respondent male____ female____

1. What is your role in this community?
• How does the local population think of you?
• In which situations does the local population ask for your advice? *(Men? Women?)*
• What do you think about your influence in this community?
2. In this community, who makes the decisions about the number of children in the family? *(Probe: Husbands? Wives? Mother-in-laws? Others?)*
• Who makes decisions about the spacing of births?
• How are these decisions made?
3. According to you, what are the reasons for:
• Having a lot of children?
• Having few children?
• Waiting a certain amount of time between pregnancies?
•Have you heard of contraceptive methods? Or different family planning methods? Please explain
I'd like to hear more of your thoughts and opinions
4. What does the religion you practice recommend in terms of family planning?
• What does it say about the spacing of children?
• What does it say about not having any more children (stopping having children)?
• Do you recommend family planning to your constituents? Please explain.
5. Do you discuss issues of family planning during the services at your place of worship?
6. Do you discuss having or not having children? Waiting for a while between each child's births?
• How do you feel about discussing these issues at your place of worship?
• Do you discuss these issues publicly in other places? Please explain.
7. How involved are religious leaders in contraception and family planning?
8. How do people in this community feel about family planning?
• How do you think they would react to the methods we've discussed?
•What barriers prevent contraceptive use and husband-wife communications about use of the contraceptives methods we have discussed above? Please explain.
9. Let's summarize some of the key points from our discussion. Is there anything else?
10. Do you have any questions?

Thank you for taking the time to talk to us!!

3. In-depth interview: Chiefs and other community leaders

Hello! My name is _____. I am a_____.And his name is_____. He _____
We are interviewing some key-informants like you in order to generate additional information and opinions on husband wife communication about contraceptive use and practice of contraceptives. I am going to ask you some questions that are not difficult to answer. Your name will not be written in this form and will never be used in connection with any of the information you tell me. Before we start I would like to remind you that there are no rights or wrong answers in this discussion. We are interested in knowing what you think, so please feel free to be frank and to share your point of view. It is very important that we hear your opinion.

Do you have any opinion regarding this study?

Are you willing to participate in the study?

1. Yes, continue *2. No, thank you*

Name and signature of the interviewer certifying that the informed consent has been verbally obtained

Name _____ Signature _____Date ____/____/_____

Age of the respondent _____ years Sex of the respondent male____ female____

1. What is your role in this community?
• How does the local population think of you?
• In which situations does the local population ask for your advice? *(Men? Women?)*
• What do you think about your influence in this community?
2. In this community, who makes the decisions about the number of children in the family? *(Probe: Husbands? Wives? Mother-in-laws? Others?)*
• Who makes decisions about the spacing of births?
• How are these decisions made?
3. According to you, what are the reasons for:
• Having a lot of children?
• Having few children?
• Waiting a certain amount of time between pregnancies?
•Have you heard of contraceptive methods? Or different family planning methods? Please explain
I'd like to hear more of your thoughts and opinions

4. During community gatherings, do you discuss family planning issues?
If so:
• At what types of gatherings are these issues discussed?
• What prompts the discussion?
• What sort of topics do you discuss?
• What are the principal reactions of the people present?
• At which types of gatherings would you not discuss these topics?
5. How do you feel about discussing these issues at community gatherings?
• What are the different places where you discuss these issues?
• What are the occasions in which you discuss these issues?
6. How involved are religious leaders in contraception and family planning?
• What about chiefs?
• What about politicians?
• What about women?
• What roles do these types of people play? Please explain.
7. What barriers prevent contraceptive use and husband-wife communications about use of the contraceptives methods we have discussed above? Please explain.
8. Let's summarize some of the key points from our discussion. Is there anything else?
9. Do you have any questions?

Thank you for taking the time to talk to us!!

The above tools/guide for qualitative data collection is adapted from the sample focus group discussion guides that were developed in 2004 by Family Health International in collaboration with *ACQUIRE*/ Engender Health and local partners for use in Guinea and is modified according to the local context.

JIMMI UNIIVERSI ITEEN MIINAADABI FAYYIIMA ROSIISHA BAXANCHA. ANGAACCI WORADAAN OOSU/ABAROOSU QODU TANNEE MINI AMATAA MINI ANNAHAA XA'AMMII KAMBAATISSA LAAGAAN HIIRANT QIXANTTEE XA'MMUTA, ZAKAATITICH MAGAABIITI 2011.

XA'AMMO HIINCEENATUUHAA XA'AMMAMAANCHCHI GARITAA

Xummahoseentaa/galteentaa?
su'umuhee_____yamamaano.Huujii'ee amoo_____.kajeechoon naoot ki'neega yoo amataa annhaa ooso/abaroosu qoodi tanee xa'minan miniich mini zahinayoom. Hikaniitannee, an amoo teesu kii'neeta abiish biilaashata xa'mmuta xa'mmoneetat.Fanqashuu/fanqashu gibuu garit kii'neehaa.Iihuuniibagaan ki'neech fultaa laagati ooso/abaroosu qoodi rosishaa kaalatut yoobikii, maccoocam'onera yiichi zakku laqeenoch. Waajiiteenumboga amoo, su'mmanne ka woraqti aleen kitaambumbaa. Xa'mmuee fanqashii jeechuta ateenta'ee bikkii abbiish galaxaam.Xa'muee xalii 20-30 daqiiqa bashilsiitaa.

Kanni aleen yiiteenataru yoo?

Xa'muee xa'mmu dandaamindoo?

1. Aaa dandiitaanti 2. Aa-aa iihaanoba'a

- Xa'mmuta xa'mee manchchi su'maa, fuurmaa baru

Su'mmu _____ fuurmu _____baru ____/____/_____

Hegeegu: qabalee su'mma _____ minisi mallayut_____

Baxanchcha –i

*Xarapheezu 4.*Annu-amatii *Minaadabi azeen yoossa heechchassa duuhataa wogahaa xassii qixxittee xa'mmuta, Angaacci woradaan, Magaabiiti 2011. (fanqashut matiichi aluudiin ikkoda fanqashua affoo fiidalcho aleen kuluulat aqqit bireen yoo saaxinaan ammo kaan"√" afuush.*

X'ammo qoda	*Xa'mutaa*	Fanqashshutaa mallayutaa	*Aguurti hiigi*
101	*Miniiyaans aasamee mini quturu yooda*	_____	
102	*Minisi aazeen yoo manni qutur*	_____	
103	Umur/wogoo me'oot	annibi_____wogaa amabi_____wogaa	

104	Heechasa Hegeegu	1 Katama_ 2 Gaxaraa_	
105	Amana Anni lugumu/zaru?	1. Kambaatiichu/taa ☐ amabi ☐ annibi 2. Hadiichu/taa ☐ amabi ☐ annibi 3. Amaarchu/taa ☐ amabi ☐ annibi 4. Guraageechu/taa ☐ amabi ☐ annibi 5. Siiltichu/taa ☐ amabi ☐ annibi 6.Oroonchu/taa ☐ amabi ☐ annibi 7. wolu yooda kuli ☐ amabi ☐ annibi amabi_____ annibi_____	
106	Amana Anni amma'natuta?	1. Ama'naanchu ☐ amat ☐ annu 2. Ortodoksaa ☐ amat ☐ annu 3. Kaatoliika ☐ amat ☐ annu 4.Islaanchu ☐ amat ☐ annu 5. Limaadiga rosameehaa ☐ amat ☐ annu 6. Wolu yooda kulle ☐ amat ☐ annu Amat_____ annu_____	
107	Amanaa Anni roshsha/timirti ludaa ?	1 Qananauaa kitaabuaa dandumbu ☐ amat ☐ annu 2 Qananauaa kitaabuaa dandanoo ☐ wife ☐ annu 3 1-6 ☐ amat ☐ annu 4 7-8 ☐ amat ☐ annu 5 9-12 ☐ amat ☐ annu 6 12^{+} ☐ amat ☐ annu	
108	Amanaa Anni hujitaa?	1.Gashshanche hujataanchu ☐ amat ☐ annu 2. Zazalaanchu ☐ amat ☐ annu 3. Bari hujaxaanchu ☐ amat ☐ annu 4.Mini amata ☐ amat ☐ annu 5. Hoga'anchu/ta ☐ amat ☐ annu 6. Hujit yoobe'aa ☐ amat ☐ annu 7. Gagi hujita hujaxanoo ☐ amat ☐ annu 8. NGO'on baxoohane ☐ amat ☐ annu 9. Rosaancho/chuta ☐ amat ☐ annu 10.Wolu yooda kulle ☐ amat ☐ annu Amata_____ annu_____	
109	Amanaa Anni againidamooza (Birriin)?	1 _____Birraa (lamisabiinku) aganaan 2 Fanqashshi dandaambahaa 3. Aganaan daqinaamiru yooba'a	

Baxanchcha – ii

Xarapheezu 5.Annina-ama mankaaooma duuhata xassii qixxittee xa'mmuta, Angaacci woradaan, Magaabiiti 2011.

X'am mo qoda	*Xa'mutaa*	Fanqashshutaa mallayutaa	*Aguurti hiigi*
201	Aagishsha duuata? (amanaa annibi)	wonaa__1 lankiyaa____2 ☐ amabi ☐annibi ☐ amabi ☐ annibi	
202	Aagishsha'ne me'qqi wogaaneet?(amanaa annibi)	Amabi wagaa_____ Annibi wagaa_____	
203	Kan aagishshaachi zakiinhabanka wagaa mexooma hee'en?(amanaa annaha)	1 Wagaa _____ 2 Aganaa _____	
204	Kan aagishshan mee't oosuta sirteen?	Kuturin/xiguta _____ Goona_____ Meentu_____	
205	Kaniichi aluudin oosut heeunta'nee haseenanidoo?(amataa annahaa)	1_____ Aaha ☐amat ☐ annu 2_____Hasaambaa ☐ amat ☐ annu 3_____ Sawiimbaa ☐ amat ☐ annu 4_____ Maganu daganu ☐ amat ☐ annu	Hasaamba ,sawiimba a te'im Maganu daganu yitooda,xa 'mo 208 ba hiigi
206	Xa'mo205, aaha yiteentaachi habankat oosuta heeunta'nee haseenan? (amataa annahaa)	1. Mexurra☐ amata ☐ anna 2. 1-2 ☐ amata ☐ anna 3. 3-4 ☐ amata ☐ anna 4. Shooliich aluudiin ☐ amata ☐ anna 5 Dagaamba'a ☐ amata ☐ anna	
207	Ka ooso mereeriich habankus goona/meentu iihunta haseenata?(amataa annaa)	1 Goonu _____ ☐ amata ☐ anna 2 Meentu _____☐ amata ☐ anna 3 Mahaa iikooda hawu yooba'a☐ amata ☐ anna 4 Maganu daganu ☐ amata ☐ anna 5 Wolu yooda ☐ amata ☐ anna	

		amata_____ anna_____	
208	Ki'nee mereerichi ayeensi oosone kuturu kankaahaa hiibankaahaa ihuun yaano? (amataa annaa)	1 Annaa ☐ amat ☐ annu 2 Amataa ☐ amat ☐ annu 3 Lamuankanee ☐ amat ☐ annu 4 Ilamu ☐ amat ☐ annu 5 Maganu ☐ amat ☐ annu 6 Wolu yooda ☐ amat ☐ annu Amat_____ annu_____	
209	Toophe minaadabu habankata oosuta iillee ikki woyyaa yiteenanta? (amataa annaa)	1. Meexuraa ☐ amat ☐ annu 2. 1-2 ☐ amat ☐ annu 3. 3-4 ☐ amat ☐ annu 4.Shoolichi aloodiin ☐ amat ☐ annu 5 Dagaamba'a ☐ amat ☐ annu	
210	Lanki cilia ilii haseenata jaata habanka agana/wagaa egeerii haseenan?(amataa annaa)	1_____Aganaa(2 wogeech woroodiin ikoda ☐ amat ☐ annu 2. 2 to 3 wagaa ☐ amat ☐ annu 3. 3 to 4 wagaa ☐ amat ☐ annu 4. Sholo wageech abba ☐ amat ☐ annu 5. Egeeri husaamba'a ☐ amat ☐ annu 6. Dagamba'a ☐ amat ☐ annu	
211	Wolu/lankki cilia ilii hasanat ayee'nnee wudiicheet waalta'ii? (amataa annaa)	1 Xalli anni wudiichi ☐ amat ☐ annu 2Xalli ama wudiich ☐ amat ☐ annu 3 Laminne wudiich ☐ amat ☐ annu 4 Maganu daganu ☐amat ☐ annu 5 Wolu yooda kuli ☐ amat ☐ annu amat_____annu_____	

Baxanchcha –iii

Xarapheezu 6.Kontraaseeptiivi tannee Annuu- amatii yoossa caakkahaa daqqitaa ma'nnis barggi xassii qixxittee xa'mmuta, Angaacci woradaan, Magaabiiti 2011.

X'a mmo qoda	*Xa'mutaa*	Fanqashshutaa mallayutaa	*Aguurti hiigi*
301	Oosuta qoodeeno/ilu ka'mameeno hoolamat woqaakat yoo. Ka aziichchi a'nnu dageenantaru yooda kullee There?(amtaa annaa)	1 Pills/kiniinaa ☐ amat ☐ annu 2 Female condom/meenti laastiika ☐ amat ☐ annu 3 Injectables/marffa ☐ amat ☐ annu 4 Implant/angaan moogamanoo ☐ amat ☐ annu 5 IUCD ☐ amat ☐ annu 6 Foam, diaphragm, jelly ☐ amat ☐ annu	

		7 Female sterilization ☐ amat ☐ annu 8 Periodic abstinence/Egexxu ☐ amat ☐ annu 9 Withdrawal/hadat laqeen fushshu ☐ amat ☐ annu 10 Male condom/goonchchi laastiika ☐ wife ☐ annu 11 Male sterilization ☐ amat ☐ annu 12 Dagaamba'a ☐ amat ☐ annu 13 Wolu yooda kullee ☐ amat ☐ annu Amat_____ annu_____	
302	Mineenta'nne informeeshiina mahiineet macooteenantaa? (amataa annaa)	1 Xalli raadooniich 2 Xalli Teeleeviixiiniich 3 Raadooniiniichii Teeleeviixiiniiniichii 4 Meexurru yooba'a	
303	Ooso qoodi/abaroosu qoodu/ilu ka'mameenotannee machooteen kasando? (amataa annaa)	1____Aaa ☐ amat ☐ annu 2____Macoociimba'a ☐ amat ☐ annu	
304	X'ammo 303 Aaa yiteentaach, hakkaa informeeshiin wooqa'a macooteenanta?(amataa annaa)	1 Xalli raadooniin ☐ amat ☐ annu 2 Xalli Teeleeviixiiniin ☐ amat ☐ annu 3 Raadooniinii Teeleeviixiiniinii ☐ amat ☐ annu 4 Meexurru yooba'a ☐ amat ☐ annu	
305	Hakad-hakadaat infoormeeshiinas maccooteenantaahu?(amataa annaa)	1 Matikodat ☐ amat ☐ annu 2 Lamikodat ☐ amat ☐ annu 3 Hoolamat kodat ☐ amat ☐ annu 4 Matmatikodat ☐ amat ☐ annu 5 Higg-higg ☐ amat ☐ annu 6 Meexuura ☐ amat ☐ annu	
306	Lehoo aganiich birita/nur haakabeechiicheet ik ooso/abaroosi qooditanee macooteenta?(amataa anna)	1 Raadooniich ☐ amat ☐ annu 2 Teeleeviixiiniich ☐ amat ☐ annu 3 Gaazeexiich ☐ amat ☐ annu 4 Beshiichiichi'e ☐ amat ☐ annu 5 Ilanchiichi'e ☐ amat ☐ annu 6 Oleechiichi'e ☐ amat ☐ annu 7 Hakiimi minichi ☐ amat ☐ annu 8 Hakiinchiichi ☐ amat ☐ annu 9 Areechi'e ☐ amat ☐ annu 10 Mexxiichii ☐ amat ☐ annu 11 Wolu yooda kulle ☐ amat ☐ annu Amat_____ annu_____	Mexxiichii yeemada xa'mo 307ba hig
307	Aluudiin yoo informeeshiini	1 Raadoonu ☐ amat ☐ annu	

	bu'leechoochi ki'nnee hakuus abbish danaamoaAmong?(amataa annaa)	2 Teeleeviixiinu☐ amat ☐ annu 3 Gaazeexu ☐ amat ☐ annu 4 Beshiichu ☐ amat ☐ annu 5 Ilanchu ☐ amat ☐ annu 6 Oleechu ☐ amat ☐ annu 7 Hakiimi minu ☐ amat ☐ annu 8 Hakiinchu ☐ amat ☐ annu 9 Ballu/ballut ☐ amat ☐ annu 10 Mexurusii ☐ amat ☐ annu	
308	Oosut/abaroosu qoodi kaal'itaa/kontraaseeptiiva yeenora hanoocheet daqiteenathu?(amataa annaa)	1 Xeenaa xaabiich ☐ amat ☐ annu 2 Xeenaa keeliich ☐ amat ☐ annu 3 Gilli klinikiich ☐ amat ☐ annu 4 Faarmaaseech/zabbi miniich ☐ amat ☐ annu 5 Suuqiich ☐ amat ☐ annu 6 Hakanne yoo'ndoo dagaamba'a ☐ amat ☐ annu 7 Wolubbu dageenatabu yooda ☐ amat ☐ annu Amat_____ annu_____	

Baxanchcha- iv

Xarapheezu 7 Kontraaseeptiivi tannee, Annina-ama mereeroon yoo iituaa/gibuhaa xassiiha qixxittee xa'mmuta, Angaacci woradaan, Magaabiiti 2011.

X'a mmo qoda	*Xa'mutaa*	Fanqashshutaa mallayutaa	*Aguurti hiigi*
401	A'annu gag'unne manchonaa manchi kontraaseptiivt awaaxxu aaqiteenanidoo? (amataa annaa)	1 Aaqaami ☐ amat ☐ annu 2 Aqaamba'a ☐ amat ☐ annu 3 Dagaamba'a ☐ amat ☐ annu 4 Woluru yiteenantaru yooda ☐ amat ☐ annu Amat_____ annu_____	Aqaam yeemada xa'mo 403ba hig
402	Xa'mo 401, aaqaamba'a yiteentaaschi mashkka'us kulle? (amaa annaa)	1 Oddu'e ha'umba ☐ amat ☐ annu 3 Mininnee mannu ha'umba ☐ amat ☐ annu 4 Amma'natue aasumbua ☐ amat ☐ annu 5 Wogunne aasumbua ☐ amat ☐ annu 6 Hoolamat oosut hasaamitanee ☐ amat ☐ annu 7 Gonniyooshi hawwa waajji ☐ amat ☐ annu 8 Xidata waajji ☐ amat ☐ annu	

		9 Wolu yooda kulle ☐ amat ☐ annu Amat_____ annu_____	
403	Kontraaseptiivi tanne haasawu amaahaa aniihaa fokkuta (amataa annaa).	1 Abbish iitameemi ☐ amata ☐ annu 2 Iitameemi ☐ amat ☐ annu 3 Lamiichisin ananaa ☐ amat ☐ annu 4 Iitamimba'a ☐ amat ☐ annu 5 Abbish iitamimba'a ☐ amat ☐ annu	
404	Kontraaseeptiivi tanne xa'qu shaarmuxoomaan shiinatamano (amataa annaa).	1Abbish iitameemi ☐ amata ☐ annu 2 Iitameemi ☐ amat ☐ annu 3 Lamiichisin ananaa ☐ amat ☐ annu 4 Iitamimba'a ☐ amat ☐ annu 5 Abbish iitamimba'a ☐ amat ☐ annu	
405	Abaroosi batinit mato manchi mini heechata hawodano (amataa annaa)	1Abbish iitameemi ☐ amata ☐ annu 2 Iitameemi ☐ amat ☐ annu 3 Lamiichisin ananaa ☐ amat ☐ annu 4 Iitamimba'a ☐ amat ☐ annu 5 Abbish iitamimba'a ☐ amat ☐ annu	
406	An ilii hasaami ooso wolluta gabalanoo xalli Maganua.	1Abbish iitameemi ☐ amata ☐ annu 2 Iitameemi ☐ amat ☐ annu 3 Lamiichisin ananaa ☐ amat ☐ annu 4 Iitamimba'a ☐ amat ☐ annu 5 Abbish iitamimba'a ☐ amat ☐ annu	
407	Abaroosi batinit mato mini bajiguta bargano(amataa annaa)	1Abbish iitameemi ☐ amata ☐ annu 2 Iitameemi ☐ amat ☐ annu 3 Lamiichisin ananaa ☐ amat ☐ annu 4 Iitamimba'a ☐ amat ☐ annu 5 Abbish iitamimba'a ☐ amat ☐ annu	
408	Hoolamata oosuta ilu mato meenticho fayyima bareedaba'a (amataa annaa)	1Abbish iitameemi ☐ amata ☐ annu 2 Iitameemi ☐ amat ☐ annu 3 Lamiichisin ananaa ☐ amat ☐ annu 4 Iitamimba'a ☐ amat ☐ annu 5 Abbish iitamimba'a ☐ amat ☐ annu	
409	Kontraaseptiiva awaaxxu manchona manchi mereeroon yoo gagi ama'natuta ba'isano(amataa annaa)	1Abbish iitameemi ☐ amata ☐ annu 2 Iitameemi ☐ amat ☐ annu	

		3 Lamiichisin ananaa ☐ amat ☐ annu 4 Iitamimba'a ☐ amat ☐ annu 5 Abbish iitamimba'a ☐ amat ☐ annu	
410	Kontraaseptiiva awaaxxu meentichuta iltumboga assota dandano (amataa annaa)	1 Abbish iitameemi ☐ amata ☐ annu 2 Iitameemi ☐ amat ☐ annu 3 Lamiichisin ananaa ☐ amat ☐ annu 4 Iitamimba'a ☐ amat ☐ annu 5 Abbish iitamimba'a ☐ amat ☐ annu	
411	Manchina meenticho mereeroon sacanchu bacu kontraaseptiiva awaaxxu hoogii mashkauta (amataa annaa)	1Abbish iitameemi ☐ amata ☐ annu 2 Iitameemi ☐ amat ☐ annu 3 Lamiichisin ananaa ☐ amat ☐ annu 4 Iitamimba'a ☐ amat ☐ annu 5 Abbish iitamimba'a ☐ amat ☐ annu	
412	Mini annu kontraaseptiivi tannee iyyinat yoos (amataa annaa)	1 Abbish iitameemi ☐ amata ☐ annu 2 Iitameemi ☐ amat ☐ annu 3 Lamiichisin ananaa ☐ amat ☐ annu 4 Iitamimba'a ☐ amat ☐ annu 5 Abbish iitamimba'a ☐ amat ☐ annu	

Baxanchcha – v

Xarapheezu 8.Annina-ama mereeroon kontraaseeptiiva awaaxxuhaa-awaaxxuhoogu xassiihaa qixxittee xa'mmuta Angaacci woradaan, Magaabiiti 2011.

X'a mmo qoda	*Xa'mutaa*	Fanqashshutaa mallayutaa	*Aguurti hiigi*
501	Ka jeejoon a'nnu kontraaseptiivi tanee hakaans wudiin yoontando kulii dandiiteenan?(amataa annaa)	1 Ka jeejoon awaaxayoom ☐ amat ☐ annu 2 Ikkee jeechuta awaaxxi teesu agureem ☐ amat ☐ annu 3 Hinatiinka awaaxumbuaa ☐ amat ☐ annu	
502	Hiikada aguriich birchuta hakaans kontraaseeptiva awaaxiteenta(amataa annaa) (Agurti-agurtoo keenii)	1 Pills/kiniinaa ☐ amat ☐ annu 2 Female condom/meenti laastiika ☐ amat ☐ annu 3 Injectables/marffa ☐ amat ☐ annu 4 Implant/angaan moogamanoo ☐ amat ☐ annu 5 IUCD ☐ amat ☐ annu 6 Foam, diaphragm, jelly ☐ amat ☐ annu 7 Female sterilization ☐ amat ☐ annu 8 Periodic abstinence/Egexxu ☐ amat ☐ annu 9 Withdrawal/hadat laqeen fushshu ☐ amat ☐ annu 10 Male condom/goonchchi laastiika ☐ amat ☐ annu	

		11 Male sterilization ☐ amat ☐ annu 12 Dagaamba'a ☐ amat ☐ annu 13 Wolu yooda kullee ☐ amat ☐ annu Amat_____ annu_____	
503	Miihaat ikk jeechus awaaxiteen agurteen-agurteentaa? (amataa annaa)	1 Gonniiyoosha waajji ☐ amat ☐ annu 2 Lijisanoobikkiya ☐ amat ☐ annu 3 Hoolamata oosuta ilii hashoomi bikkii ☐ amat ☐ annu 4 Xida bikkiyaat ☐ amat ☐ annu 5 An hashoomii bacco bikkii ☐ amat ☐ annu 6 Wogaantanne fokkuta ☐ amat ☐ annu 7 Ama'natune aasumbu bikkii ☐ amat ☐ annu 8 Mat-matu agudumburra macoocci ☐ amat ☐ annu 9 Woluru yooda kulle ☐ amat ☐ annu Amat_____ annu_____	
504	Ayeecheet ikki ka mat-matu agudumburra macooteentaa?(amataa annaa)	1 Ka jeechoon awaaxitaa keeniichi ☐ amat ☐ annu 2 Agurt-agurtoo keeniich ☐ amat ☐ annu 3 Hinatiiha awaaxitumbo keeniich ☐ amat ☐ annu 4 Ayeechii macoociimba'a ☐ amat ☐ annu 5 Wolu yooda kulle ☐ amat ☐ annu Amat_____ annu_____	
505	Kontraaseptiiva agurt-agurteenata jaata habankat oosuta ilteentaa ikki? (amataa annaa)	Iltoo ooso wolluta wiinsh _____	
506	Ka jeejoon kontraaseptiiva awaaxiteenayootada miiyaat mashkaauta kulle? (ka jkeejoon awaaxitaa keenii) (amataa anna)	1 Jeechoon ilii ☐ amat ☐ annu 2 Oosuta gabalii ☐ amat ☐ annu 3 Miiyaatindoo dagaam ba'a ☐ amat ☐ annu 4 Wolu yooda kulle ☐ amat ☐ annu Amat_____ annu_____	
507	Kamereeriich Hakaaneens kontraaseeptiiva awaaxiteenataau?(amataa annaa)	1 Pills/kiniinaa ☐ amat ☐ annu 2 Female condom/meenti laastiika ☐ amat ☐ annu 3 Injectables/marffa ☐ amat ☐ annu 4 Implant/angaan moogamanoo ☐ amat ☐ annu 5 IUCD ☐ amat ☐ annu 6 Foam, diaphragm, jelly ☐ amat ☐ annu 7 Female sterilization ☐ amat ☐ annu 8 Periodic abstinence/Egexxu ☐ amat ☐ annu 9 Withdrawal/hadat laqeen fushshu ☐ amat ☐ annu 10 Male condom/goonchchi laastiika ☐ amat ☐ annu 11 Male sterilization ☐ amat ☐ annu 12 Dagaamba'a ☐ amat ☐ annu 13 Wolu yooda kullee ☐ amat ☐ annu Amat_____ annu_____	

508	Kontraaseeptiiva awaaxxi tannee mini aazeen wosananoo lamiichi'nen ayee?(amataa annaa)	1 Anna ☐ amat ☐ annu 2 Amata ☐ amat ☐ annu 3 Lamunkunne ☐ amat ☐ annu 4 Beshaakanne ☐ amat ☐ annu 5 Annunnee amannee ☐ amat ☐ annu 6 Wolu yooda kulle ☐ amat ☐ annu Amat_____ annu_____	
509	Tadaa iilanqaxeech kontraaseeptiiva awaxitteenumbu mashka'ut mahaa? (tadaa iilaanqaxee kontaaseeptiiva awaaxitumbu keenii) (amataa annaa)	1 Annu/amat gibbee ☐ amat ☐ annu 2 Ilamunnee gibbee ☐ amat ☐ annu 3 Daguhoogiineet ☐ amat ☐ annu 4 Ma'nis daguhoogiineet ☐ amat ☐ annu 5 Fayyima'nne waajji ☐ amat ☐ annu 6 Gonniiyoosha waajji ☐ amat ☐ annu 7 Bacc'aneet/ma'niis qee'rra ☐ amat ☐ annu 8 Itishsho bikki ☐ amat ☐ annu 9 Hoolamata oosuta hashshi ☐ amat ☐ annu 10 Awaaxxi makku hooguaa ☐ amat ☐ annu 11 Ama'natunne kammiyaaneet ☐ amat ☐ annu 12 Wogunne kammiyaaneet ☐ amat ☐ annu 13 Lijjisanodoo yii waajineet ☐ amat ☐ annu	
510	Kanniichi zakkiin birit laqqeen kontraaseeptiiva awaaxxii sawwittu yoo'neendoo? (amataa annaa)	1_____ Aaa sawwiyaayoom ☐ amat ☐ annu 2_____ Sawwiimbas ☐ amat ☐ annu 3 Erammiba'in ☐ amat ☐ annu 4 Dagimba'a ☐ amat ☐ annu	Sawwiimba'a, erammiba'aa dagimba'aa yeemaachi xa'mo513 ba xobiyi
511	Xa'mo 501,Aaa yiteentaachi hakas kontraaseeptiivi ma'nita awaaxxi dooriiteenani? (amataa annaa)	1 Pills/kiniinaa ☐ amat ☐ annu 2 Female condom/meenti laastiika ☐ amat ☐ annu 3 Injectables/marffa ☐ amat ☐ annu 4 Implant/angaan moogamanoo ☐ amat ☐ annu 5 IUCD ☐ amat ☐ annu 6 Foam, diaphragm, jelly ☐ amat ☐ annu 7 Female sterilization ☐ amat ☐ annu 8 Periodic abstinence/Egexxu ☐ amat ☐ annu 9 Withdrawal/hadat laqeen fushshu ☐ amat ☐ annu 10 Male condom/goonchchi laastiika ☐ amat ☐ annu	

		11 Male sterilization ☐ amat ☐ annu 12 Dagaamba'a ☐ amat ☐ annu 13 Wolu yooda kullee ☐ amat ☐ annu Amat_____ annu_____	
512	Ka kontraaseeptiivi ma'nita maraxeenta mashka'ut mahaan?(amataa annaa)	_____ amat _____ annu _____ _____	
513	Matu manchchu kontraaseeptiiva awaaxuntaaa awaaxxihooguntaa assiiha maqoo yoo'ii ayeehaat yiiteenani? (amataa annaa)	1Amaahaat ☐ amat ☐ annu 2 Anniihaat ☐ amat ☐ annu 3 Lamiinkasaat☐ amat ☐ annu 4 Kani aleen yaamiru yooba'a ☐ amat☐ annu 5Woluru yiiteenataru yooda ☐ amat ☐ annu	

Baxanchcha –vi

Xarapheezu 9.Kontraaseeptiivi tannee Annina-ama mereeroon yoo saccanchcha bikkiiyya qixxittee xa'mmuta, Angaacci woradaan, Magaabiitaan 2011.

X'a mmo qoda	*Xa'mutaa*	Fanqashshutaa mallayutaa	*Aguurti hiigi*
601	Leeho aganiich/nuri minii'nne tannee saccanteen/haasaawiiteen kas? (amataa annaa)	1_____ Aaa ☐ amat ☐ annu 2_____ Haasaawiinimba'a ☐ amat☐ annu	Haasaawi inimba'a yiitooda xa'mo 603 ba agurti hig
602	Xa'mo_____601,Aaa yiteentaach, mahitaneehaat ikki haasaawiiteenta/saccanteenta?(amtaa annaa)	1 Aganaan aaginsami birri tannee ☐ amat ☐ annu 2 Oosonne timirti tannee ☐ amat ☐ annu 3 Miniaazi huje beeqanchi tannee ☐ amat ☐ annu 4 Wolur yooda kulle ☐ amat ☐ annu Amat_____ annu_____	
603	Leeho aganiichi birita/nuri kontraaseeptiivitannee haasaawiiteen/eranteen kas? (amataa annaa)	1_____ Aaa ☐ amat ☐ annu 2_____ Haasaawiinimba'a ☐ amat ☐ annu	Haasaawi inimba'a yeemada xa'mo

			608 ba agurti hig
604	Xa'mmo603Aaa yiteentaachi habankata kodat ikki haasaawiiteenta?(amataa annaa)	1 Xalli mexxikodata ☐ amat ☐ annu 2 Lamikodata ☐ amat ☐ annu 3 Mat-matita jeechuta ☐ amat ☐ annu 4 Hoolamatakodata ☐ amat ☐ annu 5 Hindiiyaamba'a ☐ amat ☐ annu	
605	Haasaawiisi mereero mahitanneehaat ikki/maha ikki haasaawiiteenta?(amataa annaa)	1 Oosonne wollo tannee ☐ amat ☐ annu 2 Gabaleenan/qeerseenan ili tannee ☐ amat ☐ annu 3 Kontraaseeptiivi tannee ☐ amat ☐ annu 4 Wolur yooda kulle ☐ amat ☐ annu Amat_____ annu_____	
606	Kontraaseeptiiva awaaxxi tannee saccanteentada/haasaawiiteenatada, lamiichi'nneni ayeens birssi haasaawas ke'isano?(amataa annaa)	1 Annaa ☐ amat ☐ annu 2 Amata ☐ amat ☐ annu 3 Hitiigoonurru rosamubuaa ☐ amat ☐ annu	
607	Hoolamata jeechuta era'nne xoofeenanta hatigooneet?(amataa annaa)	Ikkora yiiyye_____ amata _____ _____ anna _____	
608	Kontraaseeptiivi tanneehaa woloo manniin eranteen/haasaawiiteen kasando? (amataa annaa)	1_____ Aaa ☐ amat ☐ annu 2_____ Haasaawiinimba'a ☐ amat ☐ annu 3_____ Yaamiru yooba'a ☐ amat ☐ annu 4_____ Hindiiyyaamba'a ☐ amat ☐ annu	
609	Xa'mmo608 Aaa yiteentaachi ayeeneet ikki haasaawiiteenta?(amataa annaa)	1 Hakiinchiin ☐ amat ☐ annu 2 Olleechiin ☐ amat ☐ annu 3 Ilanchiin ☐ amat ☐ annu 4 Beshichiin ☐ amat ☐ annu 5 Wolu yooda kulle ☐ amat ☐ annu Amat_____ annu_____	Haasaawiinimba'a yeemaachi xa'mmo 610 ba agurti hig
610	Teesu heuunta'nne hasseenata ooso tanneehaa birita laqqi heoba'ii yiteen mixxeenata ooso tannee haasaawiteen kas aydaggo? (amataa annaa)	1_____ Aaa ☐ amat ☐ annu 2_____ Haasaawiin kasaba'a ☐ amat ☐ annu 3_____ Yaamiru yooba'a ☐ amat ☐ annu	

Xa'mmus xa'mantoo baru _____/_____/_____

Xa'mmaanchisi furmmaa_____

Xa'mmusi xa'mmee manchi su'mmu_____

JIMMI UNIIVERSI ITEEN MIINAADABI FAYYIIMA ROSIISHA BAXANCHA. ANGAACCI WORADAAN OOSU/ABAROOSU QODU TANNEE MINI AMATAA MINI ANNAHAA XA'AMMII KAMBAATISSA LAAGAAN HIIRANT QIXANTTEE XA'MMUTA, ZAKAATITICH MAGAABIITI 2011

1. Minaadabi fayyima hujataanniichchi/HEWs laagata aaqqii qixxitee xa'ammuta

XA'AMMO HIINCEENATUUHAA XA'AMMAMAANCHCHI GARITAA

Xummahoseentaa/galteentaa?

su'umuhee_____yamamaano.Huujii'ee amoo_____. Isi su'mu_____yamamano. Hujis ammo_____kajeechoon naoot ki'neega hegeegissa tannee qoorsit daggaara ooso/abaroosu qoodi tanee xa'minan maramayoommi. Hiikkanni tannee teesu anii beshshiichu'ee aago xahaanoomitannee ki'neta ammoo xa'mmuta xa'minotati. Xa'mmunne ammo abbish biilaashata. Waajiiteenumbooga ammo na'ootii a'nnuu xahaanoommi xahaa ayii ma'coocumbaga assinaami. Kannich aluudiin ammoo, su'munne kanni aleen kitaabamubu bikkii waajiisiisanoru yooba'aa. Hikkanni tanne gaga'nne hiirteen xa'miinaami xa'mmoo wozanii'nnebii yiteenunta uuciina'nne. Wolus ammoo ammoo yiteenataru garita te'im qophphana yiteen malteenoch. Xa'mmunne ammoo xalli 1 sa'atiichi 2 sa'aatu iilanqaxeehaati.

Kanni aleen yiiteenataru yoo?

Xa'muee xa'mmu dandaamindoo?

1. Aaa dandiitaanti 2. Aa-aa iihaanoba'a

- Xa'mmuta xa'mee manchchi su'maa, fuurmaa baru

Su'mmu _____ fuurmu _____baru ____/____/_____

Xa'mamaanchisi umur_____waaggaa Goonchu____ Meentiichu____

1. Ka oosuta/abaroosu qoodi tannee huje aleen ikkoontihanniichi ke'ishi habanka ikkeeki?
2. Hakkans kontraaseeptiivi tanneehaati rossiisayoonttii?

• Hoolamata jeechuta annuu amatii hakaans kontraaseeptiiva awaaxitaa'ii? Hanno caakkis kulinnee.
• Hoolamata jeechuta annuu amatii awaaxiitumbuusi kontraaseeptiivi bifu ammo hakkanneet? Mashkausi mahaan hanno caakkis kulinnee.
•Ki'inneesi hakiimi mineeni hoolamata jaata hee'anoo hakans kontraaseeptiivi bifaa?
3. Tada iilanqaxee huje aleen xuudontigiin, kontraaseeptiivi tannee minaadabi saccanchchu hatiiguta?
•Saccanchchusi yooda, ayi –ayeeneet saccamanoo?
4. Matu illi ke'oochi zakkiin matu qaxaa (agudii.2 waggaa) egerri lankkibii ilii hasano mannu te'im manchchu/meentiichuti yooda, ati mahaan sazaantii? Hanno danaamoga caakiis kulinnee.
• Hinatii ammo ilii hassumboo keenii maharani sazaantii?
5. Ka rossiisseenanta annannaa-annannaa kontraaseeptiivi bifaan minaadabusi bajjig aaqayoo yiti sawwitanindoo?
6. Ki'innee hegeegoon kontraaseeptiivi tannee rosiisii hundiichin danaamu woqqoo mahaani?
7. Ki'innee hegeegoon minaadabu kontraaseeptiivi tannee haasaawumboogaa, kontraaseeptiivas awwaaxumboogaa kee'meeru yooda caakkisi kulinnee?
8. Minaadabu kontraaseeptiivi tannee eramuntaa/saccamuntaa kii kaalatuti mahaani?
9. Ati xuudoontigiin mato mineen yoo ooso/ abaroosi batinit habankaa?
• Habankati meeselaakati yoo?
• Habankati goonni oosuti yoo?
• Minisi ooso mereeroon yoo waggee annannoomati habankkaa?
• Minaadabusi minisi aazeen gooninaa meentti ooso doo'rrooni yoosi biritii-zakkuu hatiigutaa? Minaadabisi aazeen doo'rrammee ooso ogoru yoondoo?
10. Xa'mmunnee goolliichchi birita yitaantiru yoodaa?

Abbinsi gallaxxinaami!!

JIMMI UNIIVERSI ITEEN MIINAADABI FAYYIIMA ROSIISHA BAXANCHA. ANGAACCI WORADAAN OOSU/ABAROOSU QODU TANNEE MINI AMATAA MINI ANNAHAA XA'AMMII KAMBAATISSA LAAGAAN HIIRANT QIXANTTEE XA'MMUTA, ZAKAATITICH MAGAABIITI 2011

2. Annannaa-annannaa amma'naanniichchi laagata aaqqii qixxitee xa'ammuta
XA'AMMO HIINCEENATUUHAA XA'AMMAMAANCHCHI GARITAA

Xummahoseentaa/galteentaa?

su'umuhee_____yamamaano.Huujii'ee amoo_____. Isi su'mu_____yamamano. Hujis ammo_____kajeechoon naoot ki'neega hegeegissa tannee qoorsit daggaara ooso/abaroosu qoodi tanee xa'minan maramayoommi. Hiikkanni tannee teesu anii beshshiichu'ee aago xahaanoomitannee ki'neta ammoo xa'mmuta xa'minotati. Xa'mmunne ammo abbish biilaashata. Waajiiteenumbooga ammo na'ootii a'nnuu xahaanoommi xahaa ayii ma'coocumbaga assinaami. Kannich aluudiin ammoo, su'munne kanni aleen kitaabamubu bikkii waajiisiisanoru yooba'aa. Hikkanni tanne gaga'nne hiirteen xa'miinaami xa'mmoo wozanii'nnebii yiteenunta uuciina'nne. Wolus ammoo ammoo yiteenataru garita te'im qophphana yiteen malteenoch. Xa'mmunne ammoo xalli 1 sa'atiichi 2 sa'aatu iilanqaxeehaati.

Kanni aleen yiiteenataru yoo?

Xa'muee xa'mmu dandaamindoo?

1. Aaa dandiitaanti 2. Aa-aa iihaanoba'a

- Xa'mmuta xa'mee manchchi su'maa, fuurmaa baru
Su'mmu _____ fuurmu _____baru ____/____/_____

Xa'mamaanchisi umur_____waggaa Goonchu____ Meentiichu____

1. Ka minaadabii ki'inne kaalatuti mahaani?
• Minaadabus ki'inneehans yoosi sawwittu hatiigutaa?
•Minaadabusi hakada-hakadaati ki'inne kaalatuta hasanoo?
• A'annusi ammo minaadabasi kaa'layoomi yiteen sawwiteenaniindoo?
2. Minaadabi'inne aazeen ooso wolluta gabalanoo ayeeti? *(Annaa? amataa? Anni amataa? Wolu yooda kulle?)*

• Minaadabi’inne aazeen, hincaa’eeni/qeerseen ilii tannee qoodanoo ayeet?
3. Ki’innegiin ooso batinitii wonanaa lankki ciili mereeroon qawu qaxa igeri awaaduti mahaa?
4. Annannaa-annannaa kontraaseeptiivi tannee maccooteentaa? Kanni tannee yoo’nne sawwitta caakkiseeni kullennee
5. Ki’inneesi amma’natuti kannii tannee mahaa yaanoo?
• Hincaa’eenii/qee’rriiseen ili tannee mahaa yaanoo?
• Hinatii ilu gibi tannee /lankkibii bargu gibi tannee/ilu uuriisi tannee mahaa yaanoo?
•Ki’innee mereeroon matu Manchu kontraaseeptiiva awwaaxunta a’annu sazeenanindoo?
6. A’annos ki’innee ama’anato mineeni kontraaseeptiivi tannee ke’isseen haasaawwiiteen kas?
• Amma’nato mineeni hitiigoonarra ke’iseen haasaawwu hattita xuudeenani/mi maccoocamo’nne?
• Woloo ma’nneeni hitiigoonarra ke’iisseeni haasaawwiiteeni kasa? Hakkannee-hakkannee?
7. Amma’natosi awwansaani kaalatuti hatiguta?
8. Kanni tannee ke’isseeni haasaawwiteenanta jaata awwaansaannisi sawwittu hatiigutaa?
9. Ki’innee hegeegoon minaadabu kontraaseeptiivi tannee haasaawumboogaa, kontraaseeptiivas awwaaxumboogaa kee’meeru yooda caakkiseen kulleennee?
10. Xa’mmunnee goolliichchi birita yitaantiru yoodaa?

Abbinsi gallaxxinaami!!

JIMMI UNIIVERSI ITEEN MIINAADABI FAYYIIMA ROSIISHA BAXANCHA. ANGAACCI WORADAAN OOSU/ABAROOSU QODU TANNEE MINI AMATAA MINI ANNAHAA XA'AMMII KAMBAATISSA LAAGAAN HIIRANT QIXANTTEE XA'MMUTA, ZAKAATITICH MAGAABIITI 2011

3. Minaadabi awwanssaanniichchi laagata aaqqii qixxitee xa'ammuta

XA'AMMO HIINCEENATUUHAA XA'AMMAMAANCHCHI GARITAA

Xummahoseentaa/galteentaa?

su'umuhee_____yamamaano.Huujii'ee amoo_____. Isi su'mu_____yamamano. Hujis ammo_____kajeechoon naoot ki'neega hegeegissa tannee qoorsit daggaara ooso/abaroosu qoodi tanee xa'minan maramayoommi. Hiikkanni tannee teesu anii beshshiichu'ee aago xahaanoomitannee ki'neta ammoo xa'mmuta xa'minotati. Xa'mmunne ammo abbish biilaashata. Waajiiteenumbooga ammo na'ootii a'nnuu xahaanoommi xahaa ayii ma'coocumbaga assinaami. Kannich aluudiin ammoo, su'munne kanni aleen kitaabamubu bikkii waajiisiisanoru yooba'aa. Hikkanni tanne gaga'nne hiirteen xa'miinaami xa'mmoo wozanii'nnebii yiteenunta uuciina'nne. Wolus ammoo ammoo yiteenataru garita te'im qophphana yiteen malteenoch. Xa'mmunne ammoo xalli 1 sa'atiichi 2 sa'aatu iilanqaxeehaati.

Kanni aleen yiiteenataru yoo?

Xa'muee xa'mmu dandaamindoo?

1. Aaa dandiitaanti 2. Aa-aa iihaanoba'a

- Xa'mmuta xa'mee manchchi su'maa, fuurmaa baru

Su'mmu _____ fuurmu _____baru ____/____/_____

Xa'mamaanchisi umur_____waggaa Goonchu____ Meentiichu____

1. Ka minaadabii ki'inne kaalatuti mahaani?
• Minaadabus ki'inneehans yoosi sawwittu hatiigutaa?
•Minaadabusi hakada-hakadaati ki'inne kaalatuta hasanoo?
• A'annusi ammo minaadabasi kaa'layoomi yiteen sawwiteenaniindoo?

2. Minaadabi’inne aazeen ooso wolluta gabalanoo ayeeti? *(Annaa? amataa? Anni amataa? Wolu yooda kulle?)*
• Minaadabi’inne aazeen, hincaa’eeni/qeerseen ilii tannee qoodanoo ayeet?
• How are these decisions made?
3. Ki’innegiin ooso batinitii wonanaa lankki ciili mereeroon qawu qaxa igeri awaaduti mahaa?

4. Annannaa-annannaa kontraaseeptiivi tannee maccooteentaa? Kanni tannee yoo’nne sawwitta caakkiseeni kullennee
5. Minaadabi yaa’aani kontraaseeptiivi tannee ke’iseeni haasaawwiteen kasa? Hitita ikkoochchi:
• Hattigoona yaa’aaneet ke’isseeni haasaawwiteenantaa?
• Yaa’isi mereeru mahaanii mahaa-mahaa ke’isseenaneeti haasaawwiteenantaa?
• Kanni tannee ke’isseeni haasaawwitteenta jaata manniisi oddu maha agudanoo?
• Kontraaseeptiivi tannee ke’isseen haasaawwitteenumbu yaa’aakati yoo?
6. Yaa’aakkaani hittigoonarra ke’isseeni haasaawwu hattita xuuddeenani?
7. Kontraaseeptiivi tannee minaadabi awwanssaanni kaalatuta hattita xuuddeenani?
8. Ki’innee hegeegoon minaadabu kontraaseeptiivi tannee haasaawumboogaa, kontraaseeptiivas awwaaxumboogaa kee’meeru yooda caakkiseen kulleennee?
9. Wolo polootiki mannu mati-matu meentti awwaanssanu kontraaseeptiivi tannee yoossa sawwittu maha agudanoo?
10. Xa’mmunnee goolliichchi birita yitaantiru yoodaa?

Abbinsi gallaxxinaami!!