

UNMET NEED FOR MODERN FAMILY PLANNING METHODS AND ASSOCIATED FACTORS AMONG CURRENTLY MARRIED WOMEN OF REPRODUCTIVE AGE GROUP IN GINIR WOREDA,SOUTHEAST ETHIOPIA.

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ABSTRACT

Background: The 2011 Ethiopia Demographic and Health survey shows that 25.3% of women had unmet need for family planning, 16.3% for spacing and 9% for limiting. About 30% of currently married women living in the Oromia region have unmet need for modern family planning. Compared to other regions, Oromia is at a stage where unmet need arises because the change in attitudes is faster than the change in use of contraceptives. But the prevalence as well as reason for unmet need for family planning, little is known, particularly in Ginir woreda.

Objectives: The objective of the study was to assess the prevalence and associated factors of unmet need for modern family planning among currently married women of reproductive age group in Ginir woreda, Bale zone, Oromia regional state, southeast Ethiopia.

Methods: A community-based cross-sectional study design was employed using multistage stratified sampling technique. Data were collected through face to face interviewing of 678, currently married women in reproductive age group using structured questionnaire. The data were entered, processed and analyzed using SPSS version 20.0. logistic regression analysis were used to identify factors independently associated with unmet need for modern family planning

Result: A total of 658 of currently married women of reproductive age group were included in the analysis. Among them 216(32.8%) have unmet need for modern family planning. Women who were resided in rural: AOR=3.8,95%CI, (1.183-11.276), who were not visited by community based health worker: AOR=2.3,95%CI, (1.045-5.288), women who had married at age less than eighteen, AOR=3.3,95%CI,(1.072-6.228), women whose partner disapprove family planning use AOR=2.3,95%CI,(1.055-5.056) were more likely to have unmet need for family planning .Whereas, women who had discussed about family planning issues with their husbands, AOR= 0.013; 95%CI, (0.001-0.176), who had favourable attitude towards family planning, AOR=0.052; 95%CI, (0.020-0.132) were less likely to have unmet need for modern family planning.

Conclusion: The overall unmet need for family planning was high. Place of residence, age at first marriage, visited by health extension worker in the last 12 months, discussion about family planning among couples, husband approved of family planning use and attitude toward family planning were factors independently associated with unmet need for modern family planning. Emphasis should be given to rural communities, empowering women and health care providers visit should be strengthened.

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ABBREVIATION AND ACRONOMY

FP	Family planning
TFR	Total fertility rate
KAP	Knowledge Attitude practice
CPR	Contraceptive prevalence rate
DHS	Demographic and Health Survey
EDHS	Ethiopia Demographic and Health survey
CSA	Central statistical Authority
FMOH	Federal ministry of Health
MDG	Millennium Development Goal
IUDs	Intrauterine Device
SPSS	Statistical package for Social Science
OR	Odd Ratio
AOR	Adjusted odd ratio
COR	Crude odd ratio
SNNPR	Southern Nations, Nationalities and Peoples Region
NCS	National convention on statistics

CHAPTER ONE-INTRODUCTION

1.1 Background

Unmet need for family planning, or the percentage of women who do not want to become pregnant but are not using contraception, is a concept that has been in flux since its introduction in the 1960s(1). An estimated 222 million women in developing countries would like to delay or stop childbearing but are not using any method of contraception. In Africa, 53% of women of reproductive age have an unmet need for modern contraception. In Asia, Latin America and the Caribbean – regions with relatively high contraceptive prevalence, the levels of unmet need are 21% and 22%, respectively (2). While modern contraceptive use has increased, prevalence remains low in many poor countries (3).

The proportion of married women using modern contraceptives in the developing world as a whole barely changed between 2008 (56%) and 2012 (57%). Larger-than-average increases were seen in Eastern Africa and Southeast Asia, but there was no increase in Western Africa and Middle Africa(4). Although there has been an improvement over the last two decades, Ethiopia's maternal, child, and reproductive health indicators are still quite poor overall even in Africa's standard. For example, the fertility rate is 4.8 children per woman, and the maternal mortality ratio is 676 deaths per 100,000 live births and only 29% of married women use modern contraception and quarter of married women have an unmet need for family planning (5). Every minute, nine children under age 5 die in Africa which resulted in death of 4.8 million children annually. Family planning could prevent many of these deaths by enabling women to bear children during the healthiest times for themselves and their children. More than 222 million women globally lack access to family planning in 2012. Fulfilling this unmet need for family planning in developing countries would prevent 54 million unintended pregnancies, 26 million abortions, 79,000 maternal deaths and 1.1 million newborn deaths (6).

Ethiopia is known to have high fertility, total fertility rate of approximately five children per woman and low contraceptive prevalence rate among currently married women of reproductive age(7). The Total fertility rate (TFR) in rural areas exceeds the TFR in urban areas by almost three children per woman (5.5 and 2.6 children per woman, respectively). This is because the current

contraceptive prevalence rate is not large enough to bring about a much faster decline in TFR(8). Investing in family planning improves maternal and child health and also has benefits for Ethiopia across several sectors. Fulfilling unmet need for family planning would generate significant cost savings in meeting five of the Millennium development goals (MDGs)—achieve universal primary education; reduce child mortality; improve maternal health; ensure environmental sustainability and combat HIV/AIDS, malaria, and other diseases. The savings would be more than two times greater than the increased costs of family planning. Satisfying unmet need for family planning by 2015 would meet the desires of women and men for their families and save the lives of nearly 13,000 mothers and more than 1 million children. In addition, meeting unmet need would generate \$23 million in savings in the education sector and \$26 million in the water and sanitation sector (9)

1.2 Statement of problem.

In Ethiopia contraceptive use has improved considerably in the last decade principally due to the synergy of a conducive family planning program and favourable social changes. Nevertheless, Ethiopia still remains one of the countries with low contraceptive use rate with only 29%. Unmet need for family planning declined significantly over the last decade from 35% in 2000 to 25.3% in 2011(8).Unmet need is still as high as (25.3%),although it has declined in the last decade as contraceptive use has risen and about half of the women have unsatisfied demand for family planning (5). The 2011Ethiopia demographic and health survey (EDHS) reveals that 25% of married women have an unmet need for family planning—16% of women have a need for spacing births and 9% for limiting births. About 30% of women living in the Oromia region and 31%women in the lowest wealth quintiles are most likely to have an unmet need for family planning (10).

Over the last 15 years Federal ministry of health (FMOH) has made unreserved effort to expand access to family planning information and range of family planning method option. In addition the ministry has substantially increased access to family planning service through health extension program. As a result of this effort Ethiopia has made progress in doubling the contraceptive prevalence rate from 15%in 2005 to 29% in 2011.Despite these achievement, yet Ethiopian women still bears on average five children and 25%of married women want to space or limit their birth but are not using contraception (11). There are still significant levels of demand for family planning that are unmet. If this unmet need were met, unintended pregnancies would be fewer, women's health and lives would be improved, and the consequent impact on fertility would result in lower population growth and measurable development benefits (12).

Investments in women's health during their childbearing years not only save women's lives, but also produce ripple effects that benefit families, communities and nations. When girls and women are healthy, they are better able to complete an education, engage in productive activities, take care of their children, and contribute to their communities (13).

Various studies conducted on unmet need for modern family planning status has given an important insight into factors influencing family planning status of married women in

different parts of the country. In Bale zone, where the woreda for this study is located, has higher total fertility rate (urban: 3.345, rural: 6.285) than the average in Oromia regional state (urban: 2.635, rural: 5.235) (14). And the overall median birth interval was 22.5 months. Nearly twice as many women in the Lowlands (30.7%) as in the Highlands (16.4%) gave birth again within 18 months after their last delivery. Fifty one percent of the most recent deliveries occurred less than 24 months after the preceding birth indicating a rather short period of child spacing (15). This prompted to investigate the reasons for a high fertility rate in this particular zone.

Nevertheless, regional variations are most likely high and socio-economic as well as demographic factors may influence the family planning in general and the need for contraception in particular. Specifically factors such as household economic status, education of the women and the man, occupation of mothers and religion might have a significant influence on unmet need for modern family planning. However, little attention seems to have given to the rural areas of in Ginir Woreda, most likely due to the remote nature of the areas and the historical poor access to health services and education. Also DHS had conducted in the Oromia region but the analysis of unmet need is more descriptive and lacks detailed analysis of associations between the unmet needs, use of contraceptives and the factors that determines these. Particularly, in Ginir Woreda there is no previous study conducted in the area that identifies the determinants of the unmet need for modern family planning. Besides this study improving the unmet need for modern contraceptive status of woman, necessary to determine the nature, magnitude and associated factors of unmet need. In this respect we believe that accurate information, if made available, would assist decision makers and health personnel to make informed decision. . The objective of this study is therefore to assess the prevalence of the unmet need for modern family planning and analyse its determinants.

CHAPTER TWO-LITERATURE REVIEW

The trends and status of contraceptive usage

Worldwide contraceptive prevalence has risen among women of reproductive age who are married or in a cohabiting union from 54.8 per cent (95 per cent uncertainty interval 52.3–57.1) in 1990 to 63.3 per cent (60.4–66.0) in 2010, or 8.5 percentage points (4.7–12.1) (16). Most of the increase in contraceptive prevalence at the global, regional and country level that occurred between 1990 and 2010 was attributable to increases in the use of modern methods. Worldwide, 57.0 per cent (54.1–59.7) of married women of reproductive-age were using a modern method in 2010. The largest absolute increases from 1990 to 2010 in the use of modern methods (more than 15 percentage points) were in Central America, Eastern Europe, and three sub regions of Africa (Eastern Africa, Northern Africa, and Southern Africa). (17). EDHS 2011 revealed that, Ethiopia still remains one of the countries with low contraceptive use rate 29% (7)

Concept, Definition and Prevalence of unmet need

The concept of “unmet need for contraception”, which refers to the proportion of women who do not want to become pregnant but are not using contraception, has been used in the international population field since the 1960s. The concept was developed from the first family planning and fertility surveys conducted in developing countries, which found a disconnect between women’s knowledge, attitudes, and practices (KAP) about contraception. This gap between what the respondents knew ,their fertility preferences, and behaviours to achieve their stated preferences, became known first as the “KAP-Gap” and was used as a strong rationale for investment in family planning programs (18)

Demographic and Health Surveys further refined the concept by using additional information that referred to pregnant women on whether their current pregnancies were intentional, mistimed, or unwanted, and also on whether they were using contraception at the time of conception (19). The current definition of unmet need for spacing (among currently married women) includes pregnant women whose pregnancy was mistimed, amenorrheic women

whose last birth was mistimed, and women who are neither pregnant nor amenorrheic, are not using any method of family planning, and say that they want to wait two or more years for their next birth. This group also includes women who are unsure whether they want another child or who want another child but are unsure when to have the birth. Unmet need for limiting (among currently married women) refers to pregnant women whose pregnancy was unwanted, amenorrheic women whose last child was unwanted, and women who are neither pregnant nor amenorrheic are not using any method of family planning, and want no more children (1)

According to DHS analysis of unmet need in 18n sub Saharan Africans about 8 million of married women have unmet need for contraception. The analysis also revealed that 7.8 million women in the 18 countries have an unmet need for limiting future births. In one-third of the countries studied (6 of 18), demand to limit exceeds demand to space. In Swaziland, for example, 35% have a demand to limit, compared with 16% who have a demand to space births (20).

The 2011 EDHS revealed that 25% of married women have an unmet need for family planning—16% of women have a need for spacing births and 9% for limiting births. The higher proportion of women in rural areas (28%) have an unmet need for family planning (18% for spacing and 9% for limiting) compared with urban women (15 percent), whose unmet need for both spacing births and limiting childbearing is 8 percent and 7 percent respectively (19,21). A Study conducted in Butajira district in 2011 revealed that Unmet need of modern contraception is 52.4% of which 74.8% was attributed to spacing and the rest for limiting.(22) The study conducted on unmet need for family planning and its determinants among currently married women in Kobo woreda shows that 47.3% of currently married women have unmet need for modern family planning of which 27.5 for spacing and 10.5 for limiting (23).

Factors contributing to unmet need

DHS revealed that there are different factors that contributing to unmet need among currently married women, those are number of living children, women's current age, age at first marriage, education level, religious affiliation, media exposure to family planning messages, wealth index, residence Partner's education and the fact of whether a family planning worker had visited in the last 12 months were significantly predictors of unmet need for family planning. A visit to a health facility in the last 12 months preceding the survey and current working status were not independent predictors of unmet need (10).

According to study done in Zimbabwe total unmet need (spacing plus limiting) is significantly associated with age, educational attainment, work status, wealth status, and the number of living children. However, Unmet need was higher in rural than urban areas for all survey years. In 2005-06 total unmet need was nearly twice as high in rural areas, at 14%, as in urban areas, at 8%.(24). Study conducted in Benin shows that when unmet need is so high, there is a demand for services throughout society. For example, there is a significant need to expand and improve family planning services in both urban and rural areas. Interestingly, unmet need is somewhat higher in urban areas than in rural areas (25).The finding of study conducted in Gulumi district,Nepal, observed that there is inverse relationship between unmet need and age of the respondents. The percentage of met need was increasing with the increase in age of the respondent whereas the percentage of unmet need was decreasing with the increase in age of the respondent. It indicates that unmet need for contraception varies with age of women (26)

Data from EDHS revealed that an inverse relationship between women's education and unmet need can be noted from the data. As per the 2011 data, unmet need was lower at 10.1% among women with secondary or higher education while higher at over 26.3% for those without secondary education (8). Similarly study conducted in SNNPR also revealed that in most populations, women's education is an important determinant of unmet need for family planning and this has been found to be true in SNNPR where women with no education had significantly higher level of unmet need compared with those who had some level of education. In addition, unmet need progressively declined with increasing level of women's education(27,28).

A study conducted in Enemay district, North-east Amhara, shows that Age at first marriage 18 and above was negatively and significantly associated to unmet need for FP compared to marital age of less than 18 (AOR=0.260, 95%CI: 0.189-0.368) (29). Study conducted in Senegal revealed that Women in the poorest quintile had 1.7 times higher risk of having unmet need than the women in middle quintile (30). Similarly, according to 12thNCS in Philippines Unmet need is higher among; Women in rural areas than urban, women with lower education and Women belonging to the poorest wealth quintiles (31).

The ultimate outcome of spousal communication can affect attitudes towards as well as the practice of contraception either positively or negatively at the individual level. Positive attitudes toward contraceptive use are a precondition for contraceptive use a more direct measure of women's attitudes towards contraceptive use is their stated approval or disapproval of family planning. Husbands' disapproval, which is linked to spousal communication, has also been demonstrated to have a significant impact on "unmet need" for family planning (32,33).

The number of living children a woman has is directly related to her demand for family planning services. Not surprisingly, women with living children are much more likely (about twice) to have an unmet need for family planning than women with no living children. Spacing needs are significant only with respect to women with five or more children compared to women with no children, with the former half as likely to have a need for spacing as the latter. On the other hand, women with 3-4 children and five or more children are twice as likely and nearly four times as likely, respectively, to have a need for limiting, as women with no living children (33).

Analysis of DHS data from 44 countries showed that for each additional contraceptive method that is widely available in a country, contraceptive prevalence increases by an average of 3.3 %. More than half of this increase, or 1.7% points, comes from meeting unmet need.(34). In addition to lack of preferred methods various other costs limit family planning. Many potential clients do not use contraception because of monetary, psychological, physical and time related costs. Analyzing DHS data, John Bongaarts and Judith Bruce observed that difficulties obtaining "adequate services accessibility that can be used without undue

personnel cost psychological costs, travel time, monetary outlay, and so forth" are reasons for much unmet need.(35,36).

Spousal discussion about family planning opens the door for couples to talk about the number of children to have and the importance of using contraceptives. Through discussion a couple can come to a mutual decision on whether or not to use contraception to plan when to have children and how many to have (37). There is significant relationship between discussion and communication about contraception among spouses and unmet need for contraception ($p=0.000$). Among respondents having no discussion and communication about contraception among spouses, there was found high unmet need (83.3 percent) and low met need (16.7 percent) as compared to those having discussion and communication about contraception between spouse's low unmet need (43.2 percent) and high met need (56.8 percent). This study reveals that inter-spousal communication about use of contraception is an important factor affecting unmet need for contraception (26).

The reason for none use of family planning among women with unmet can be numerous. Perceived lack of exposure to pregnancy was the most common reason cited: Between one-third and two-thirds of women with unmet need said they were never or infrequently having sex, or believed they could not become pregnant because of menopause, breastfeeding, or another reason. Opposition to family planning (by women, their husbands, or others) accounted for 20 percent to 30 percent of those surveyed in sub-Saharan Africa, but lower percentages elsewhere. Method-related problems were cited by about one-third of women with unmet need. Problems related to side effects and health concerns were prominent, especially in countries where unmet need is relatively high; cost and access were also mentioned, albeit to a lesser extent (38). Study conducted in Enemy district also revealed that the main reasons for not using family planning methods for both urban and rural residents were health concerns and fear of side effects, less perceived risk of pregnancy, religious prohibition, familial opposition and ambivalence to plan when to get pregnancy (29).

Therefore, the current low level of contraception in Ethiopia and a high unmet need for modern family planning may be because of lack of access and information to family planning, there may also be other factors like socioeconomic, demographic ,health service related client and facility related. Thus assessing all possible factors associated with unmet need for family planning and designing programs & implementing is mandatory.

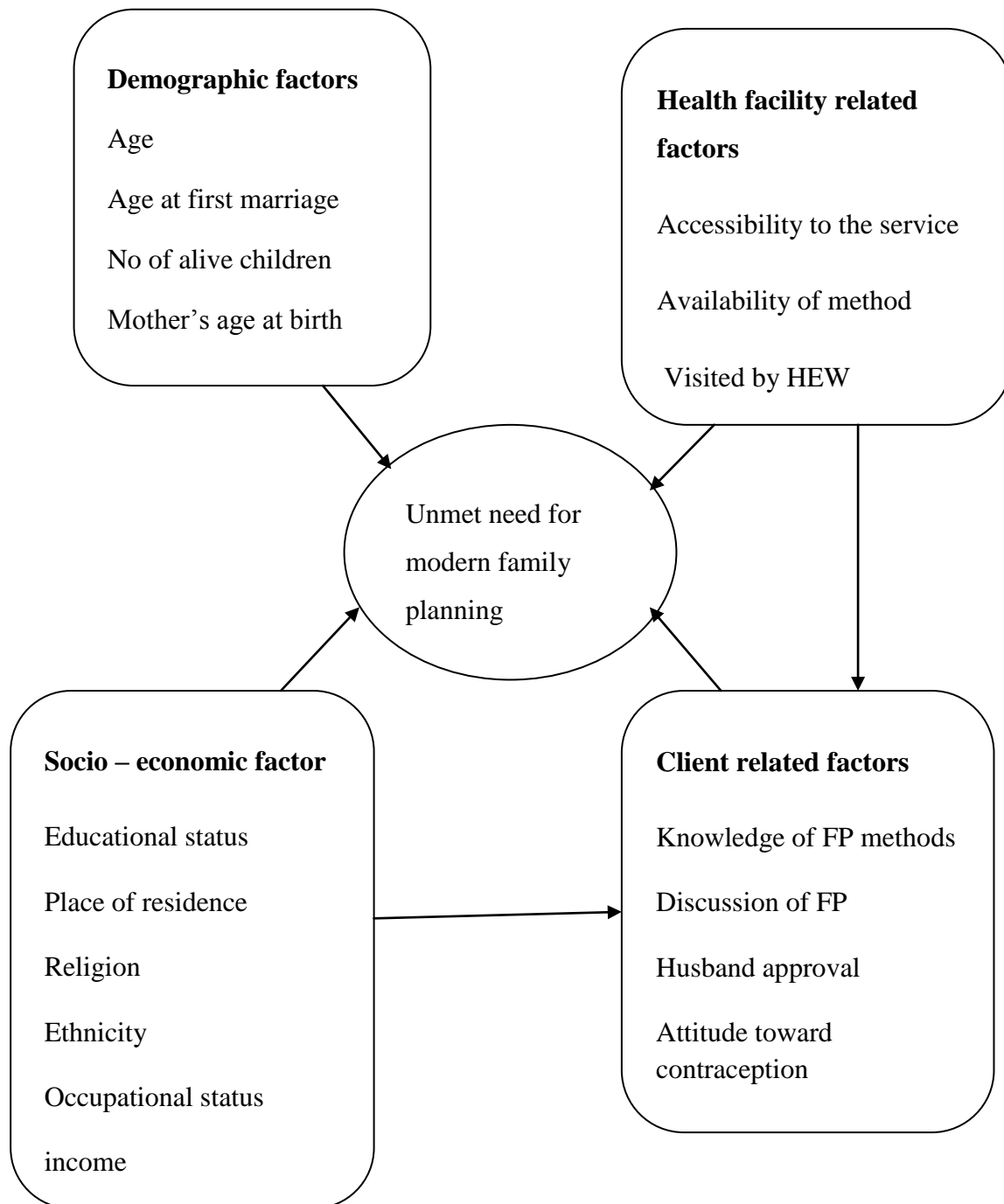


Figure 1. Conceptual frame work of factors associated with unmet need for modern family planning

Significance of the study

Knowledge gap

Many studies have been conducted, but only few of them have documented the general family planning issues in Ethiopia over the last 10–15 years. Therefore, there are still knowledge gap regarding the prevalence and factors affecting unmet need for family planning in remote, rural and poorly accessible regions. In particular we lack adequate knowledge of family planning among women of reproductive ages living in several remote regions such as such Ginir woreda, where one medical doctor serves millions and only few health professionals are available, at least until recently. Another important area requiring knowledge is the variation in unmet needs in family planning among women of different age groups, education level, access to health services and religious background. This study was expected to contribute in filling up this knowledge gap. .

Policy implications

Fertility decline, by increasing the use of contraceptives in all levels and groups of people given the prevailing low level of contraceptive use in Ethiopia, an analysis of unmet need and a critical assessment of the underlying factors are relevant. An understanding of the underlying causes of unmet need is important for designing effective programs to reduce the prevailing high level of unmet need. a major concern is which factors are contributing to the observed high level of unmet need for family planning in Ethiopia and which strategies can best bring about changes to the current situation. Despite the great effort of the government to distribute knowledge, services and information of the family planning through the different medias, total unmet needs for family planning is highest in Oromia 30%. There is only few improvement in the use of contraception and the availability and/or accessibility is still vary, in particular, between the rural and urban areas. Thus the result of this study, which specifies the prevalence of unmet need for modern family planning with these various associated factors and their relative contributions, can serve as reference in priority setting, designing effective family planning programs to address the problem and its consequences, in monitoring and evaluation of the impacts of programs and for policy responses specifically tailored to the needs of different population groups

CHAPTER THREE: OBJECTIVES

3.1 .General objective:

- To assess the prevalence and associated factors of unmet need for modern family planning among currently married women of reproductive age group in Ginir woreda Bale zone, Oromia regional state, southeast Ethiopia, March 20-30,2014

3.2. Specific objectives:

- To assess the prevalence of unmet need for modern family planning methods among currently married women of reproductive age group in Ginir woreda, southeast Ethiopia,
- To identify the associated factors of unmet need for modern family planning among currently married women of reproductive age group in Ginir woreda, southeast Ethiopia,.

CHAPTER FOUR: METHODS AND MATERIALS

4.1 Study area and period

The study was conducted in Ginir woreda. Ginir woreda is one of the 17 woredas of Bale zone, in Oromia region. It comprises 31-kebeles (28)-rural and 3-urban with total population of 147,828 of which 32,522 are reproductive age group. Ginir woreda is located at 555 kms away from Addis Ababa in the south east and 130 km from the zonal town of Robe and covers 2010.36square kilometres. The woreda has a district hospital, a private college 8-health centre and 32-healthpost. Agriculture, Farming and Livestock, is the predominant economic activity in the woreda. The four largest ethnic group are Oromo 89 %, Amhara,8% Somali 2% and 1% others. Afan Oromo is predominant language and Islam and Orthodox Christianity are the major religions. Data was collected from March, 20-30, 2014

4.2 Study design:

A community based cross sectional study design was employed

4.3 Population

4.3.1 Source population:

The source population included all currently married women of reproductive age group in the Ginir woreda

4.3.2 Study population:

The study population was constituted of all sampled currently married women of reproductive age group who are selected from eight randomly selected kebeles

4.4 Inclusion and Exclusion criteria

4.4.1 Inclusion criteria

Currently married women of reproductive age group

4.4.2 Exclusion criteria:

Those critically ill during data collection time and unable to respond

4.5 Sample size and sampling technique:

The required sample size was determined by statistical rule of formula to calculate a single population proportion. The estimation of proportion (p) was taken from the proportion of unmet need for family planning among currently married women in Oromia which was 30%.

$$n = \frac{Z_{\frac{\alpha}{2}}^2 p(1-p)}{d^2} \quad \text{Where,}$$

n= sample size

95% confidence interval and corresponding critical values of the Standard Normal Distribution ($Z_{\alpha/2} = \pm 1.96$.)

P = Proportion of Unmet need for modern contraception among married women of reproductive age group to be 30% was taken from EDHS of Oromia.(7)

d=margin of error to be tolerated; is assumed to be 5%

$$\frac{(1.96)^2 * 0.30(1 - 0.30)}{(0.05)^2} = 323$$

Considering design effect 2 the sample size was 644 and also adding non response rate 5%, total sample size was =678

4.6 Sampling procedure

A multi stage stratified sampling technique was used to select the subject to be included in the study. In the study area, there are three urban and 28 rural kebeles. Primarily, Considering urban and rural as strata, 1-kebele from urban and 7-kebeles from rural kebeles were selected using simple random sampling method (lottery method). this was to increase representativeness of the subjects From the selected 8 kebeles household with currently married women of reproductive age group were identified by using the registration at health post. The total sample size was distributed to all selected kebeles proportionally to the number of house hold identified in each kebeles and the study participants' households were finally selected by using systematic sampling technique. The interview was started in random start. In households with more than one potential participant simple random sampling (lottery method) was used to select one of them.

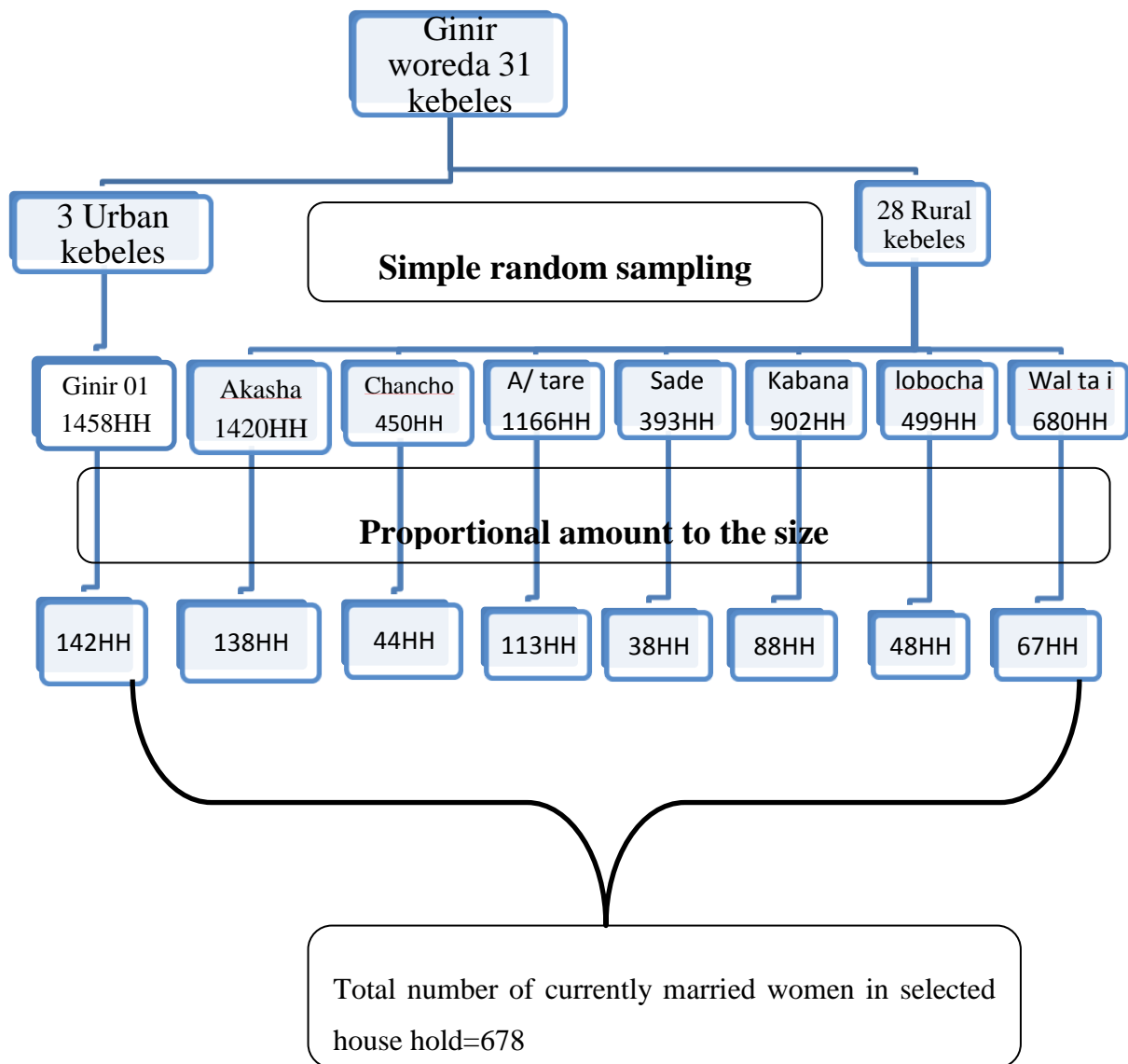


Figure 2 Schematic presentation of sampling procedures

4.7 Data collection methods and instrument

Data were collected using structured questionnaire adapted from DHS and modified based on local context. Eight data collection team members were involved to collect data through face to face interview. The data collectors and supervisors speak Afan Oromo very well. The data collectors were 12th grade completed female students and supervisors were BSc. Both data collectors and supervisors were given two days training with due attention to the following points. The purpose and scope of the study, how to approach the respondents, how to conduct the interview, how to handle the reluctant respondents [her participation is on a voluntary basis. All responses will be kept secret and will be used for the research proposes only] Closed supervision was done during data collection at field.

4.8 Study variable

4.8.1 Dependent variable:

Unmet need for modern family planning.

4.8.2 Independent variable

Socio demographic variable age, religion, ethnicity, educational status, residence, income, no of alive children, occupation .age at first marriage, age at first give birth

Health facilities / Institutional related factors: accessibility/distance travel, availability of method, visited by HEW in the last 12 months

Client related factors : knowledge of family planning methods, attitude towards contraceptive ,discussion about family planning and husband approval

4.9 Data quality control

The questionnaire was first prepared in English and then translated to Afan Oromo and back translated to English by language expert to maintain the consistency of the contents of the instrument. Two days training was given to data collectors and supervisors. Before the actual data collection commenced, pre-test was conducted in adjacent kebeles to test clarity and relevance of questionnaire and familiarize data collector with instrument. In order to avoid respondent bias they were not included in the main survey. Data was collected under the supervision of supervisors. The collected data were checked for completeness and consistency by the principal investigator. An incomplete questionnaire was completed by making second visits to the homes.

4.10 Data process and Analysis

After checking the completeness of, and coding of questionnaires data was entered in to SPSS version 20.0 windows for cleaning, edition and analysis was done. Data clean up was done by checking frequencies, outliers, consistencies and missed values of variables where as any error identified were corrected. Summary statistics was done to describe the study population in relation to relevant variables by using tables, graph and chart.

The bivariate analysis was done by fitting logistic regression for each explanatory variable separately with 95% CI to assess their crude effect on their outcome variable and statistical significance. Variables with p-values of < 0.2 in bivariate analysis were included in multivariable logistic regression model (Back-Ward stepwise) to identify independent significant predictor variables

4.11 Operational definition

Unmet need for modern family planning: -**Women with unmet need:**-these groups of women include currently married women of reproductive age group: who are not using contraception, are fecund:

(i) neither pregnant nor amenorrheic women and who want to post pone their next child at least for two years and above or who want no more children, (ii) those pregnant women whose pregnancy was wanted later or unwanted at the time when they became pregnant and (iii) all amenorrheic women whose last birth was wanted later or unwanted.

Unintended pregnancy: is a pregnancy that is unwanted and unplanned.

Intended pregnancy: is a pregnancy that is wanted and planned

Unwanted pregnancy: is pregnancy that has occurred after a woman already had the desired number of children and she doesn't want to have any more children

Infecund women "Women who responded that they were menopausal or hysterectomized when asked why they are not currently using a method of contraception.

Postpartum amenorrheic women are women who have not had a menstrual period since the birth of their last child and their last child was born in the period 0-23 months prior of the survey interview.

Knowledge of contraception methods: woman aware of at least one method of contraceptives

Modern contraceptive methods:-are refers to supply methods such as Modern methods include Female sterilization, male sterilization, the pill, the intrauterine device (IUD), injectables, implants, male condom, female condom, diaphragm/foam/jelly

Contraceptive prevalence rate:- the percentage of currently married women of reproductive age (15-49 years) who are currently using a contraceptive method at the time of the survey.

Favorable attitude: women were considered as having favorable attitude towards contraceptive if they scored above the mean on 6 attitude questions.

Unfavorable attitude: women were considered as having unfavorable attitude towards contraceptive if they scored below the mean on 6 attitude questions

Currently married women: - women who are either legally or formally married or who are living in consensual union.

Accessibility:-women residing within two hours walk from the nearest health facility (within 10km

4.12 Ethical clearance

Letter of ethical clearance was obtained from Research Ethics Committee of Jimma University. Letter of permission was obtained from Bale Zone health department and Ginir Woreda health office. Finally verbal consent was requested from the study participants included in the study immediately before the data collection

4.13 Dissemination plan of the study finding

The result of the study will be presented to Jimma University community as part of MPH thesis and it is disseminated to JU College of public health and medical science, department of Epidemiology, Oromia Regional health bureau, Bale zone health department , Ginir woreda health office and to the targeted health facilities and to Non-governmental organizations working on this area. Further attempt will be made to publish it on scientific journal

CHAPTER FIVE: RESULT

5.1. Socio- economic and Socio-demographic characteristics of respondents

A total of 658 currently married women in reproductive age group (15-49 years) were interviewed, having response rate of 97.1% .From the total of study participant 142 (21.6%) were urban dwellers while 516 (78.4%) were from rural areas. The mean age of respondents was 27(SD=6.372).Forty nine percent of the respondents were in the age range of 25-29 years whereas 25% were in the age range of 20-24 years. The majority, 85% and 64% of the women were Oromo by their ethnicity and Muslim by their religion respectively. Two hundred eighty five (43.3%) of the respondents were attended primary education, and about 259(39.4%) are illiterate whereas, 110 (16.3%) had secondary education and above .Eighty one percent of the respondents are house wife and engaged in agricultural activity along with their husbands.

About 70% of the respondents got married before 18 years of age and 62.4% of them had given birth before the age of 18 years. The mean age of the respondents at first age at marriage and first given birth were (17.23SD=3.025and 17.93SD=3.323) respectively. Majority of the study subject (96.5) had a pregnancy history and of which (99.3) had given birth. Three hundred seventy six (59.6%) of these have less than five children, 254 (40.3%) have more than five children On average there are 4.3 children ever borne to a mother (table1),(Fig3,4,5).

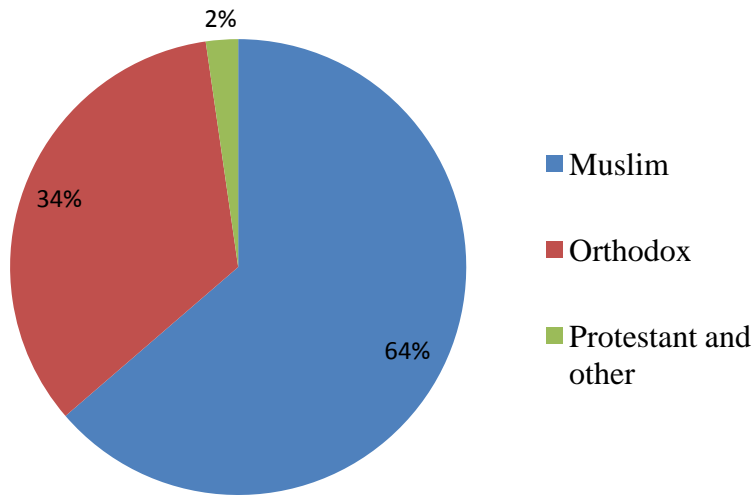


Figure 3. Religion of currently married women in reproductive age group in Ginir woreda south east Ethiopia, 2014

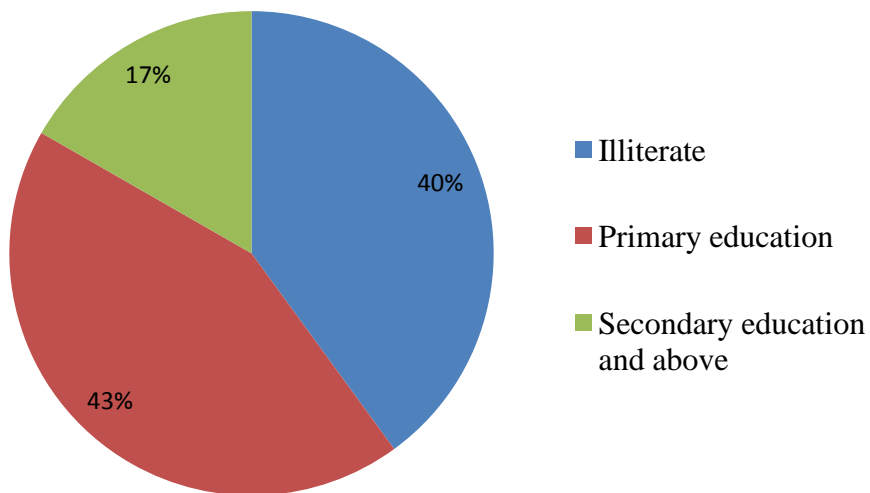


Figure 4. Educational status of currently married women in reproductive age group in Ginir woreda, south east Ethiopia, 2014.

Table 1. Distribution of Socio-demographic and socio-economic characteristics of currently married women of reproductive age group in Ginir woreda, southeast Ethiopia, 2014

Characteristics	No.	%
Residence		
Urban	142	21.6
Rural	516	78.4
Ethnicity		
Oromo	559	85
Amhara	78	11.9
Others(Somali, tigre)	21	3.2
Occupational status		
Housewife/farmer	533	81.3
Employee(Govt and non govt)	60	9.1
merchant	43	6.3
daily labourer	22	3.4
income		
<600	120	18.2
600-1044	140	21.3
1045-1599	230	34.9
>=1600	168	25.5
age at first marriage		
<18	460	70.1
>=18	196	29.9
Have you ever been pregnant		
Yes	634	96.5
No	24	3.5
Have you ever given birth to a child		
Yes	630	99.4
No	4	0.6
Age at first give birth		
<18	393	62.4
18-24	218	34.6
>=25	19	3
No of total alive children		
<5	376	59.7
>=5	254	40.3

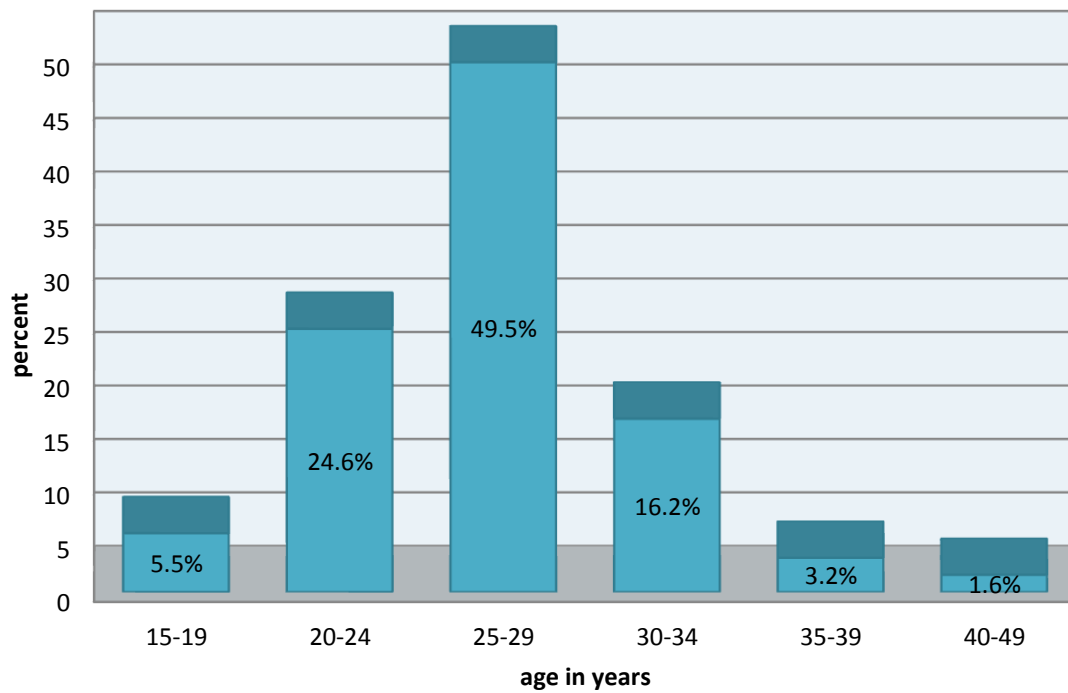


Figure 5 Age of respondents among currently married women of reproductive age group in Ginir woreda, south east Ethiopia, 2014

5.3 Client related characteristics of respondents

About 525(79.8%) currently married women had discussed family planning issues with their partners while 133(20.2%) had not discussed. Furthermore, 396(60.5%) of husband\partners approved using family planning methods and 259(30.9%) were not supported. Total of 651(98.9%) of women had heard of any contraception method and about 98.9% of women knew at least one modern contraception method used by community. Fifty four percent of women got information about family planning from health extension. Majority348 (53.6) of the study subject got family planning service from health centres followed by health post150 (23%) (table 2)

Table 2. Distribution of Client related characteristics of currently married women in reproductive age group in Ginir woreda, south east Ethiopia, 2014

Characteristics	No.	%
Discussion with partner about FP		
Yes	525	79.8
No	133	20.2
Partner attitude towards FP use		
Approve	396	60.5
Disapprove	259	39.5
Ever heard of family planning		
Yes	651	98.9
No	7	1.1
Know at least one method of FP		
Yes	651	98.9
No	7	1.1
Source of information		
On radio	130	18.2
On television	118	16.2
On news paper	4	.6
Health worker	35	4.9
Health extension	391	54.2
Others(neighbour ,husband, friends)	36	5
Place to access family planning service		
Hospital	128	19.4
Health centre	348	52.9
Health post	150	22.8
Pharmacy	21	3.2
Other	11	.17

5.4 Attitude towards FP and Practice of respondents

Out of 658 currently married women, 379(57.5%) were current users of FP methods; of these, 269 (73.1%) were using for spacing and 110(29.1%) for limiting. Two hundred seventy eight (73.7) of respondents were using injection form of contraceptive methods which is followed by pill (20.9%). About 475(72.1%) of respondents had favourable attitude towards family planning while, 183(27.9%) had unfavourable attitude towards family planning. (table 3).

Table 3. The distribution attitude towards FP and practice of currently married women in reproductive age group in Ginir woreda, south east- Ethiopia, 2014

Characteristics	No.	%
Attitude towards FP		
Favourable	475	72.1
Unfavourable	183	27.8
currently using contraceptive		
yes	379	57.5
no	279	42.5
purpose of using		
spacing	269	70.9
limiting	110	29.1
Type of family planning used		
Injection	278	73.4
Pills	79	20.8
Other (, IUCD, Implant)	22	5.8

5.5 Facility related characteristics of respondents

Regarding to availability of method choose 638(97.8%) currently married women reported that the method were available and2% didn't know whether the method were available or not. Majority, 99.2% took less than 2 hour for round trip to get family planning services .Four hundred seventy three (72%) of women were Visited by a community based health agents in the last 12monthswhile28% of them were not visited(table4).

Table 4.Distribution of facility related characteristics of currently married women in reproductive age group in Ginir woreda south East Ethiopia, 2014

Characteristics	NO.	Percent (%)
availability of methods		
yes	638	97.6
no	6	0.9
I don't know	14	2.1
Time taken for round trip from the nearest source of FP services		
< 2 hour	650	99.2
>2 hour	8	0.8
Visited by a community based health agents in the last 12months		
yes	473	72
no	185	28

5.2 Prevalence of unmet need

Among 658 currently married women, 118 (17.9%) of them were pregnant or amenorrheic of whom 50 (62.6%) want the pregnancy later and 20 (37.4%) do not want the pregnancy at all. Similarly, 161 (24.46%) of currently married women were neither pregnant nor amenorrheic, of these 84 (12.76%) want children after two years and 62 (9.42%) want no more children and 0.5% were Infecund.

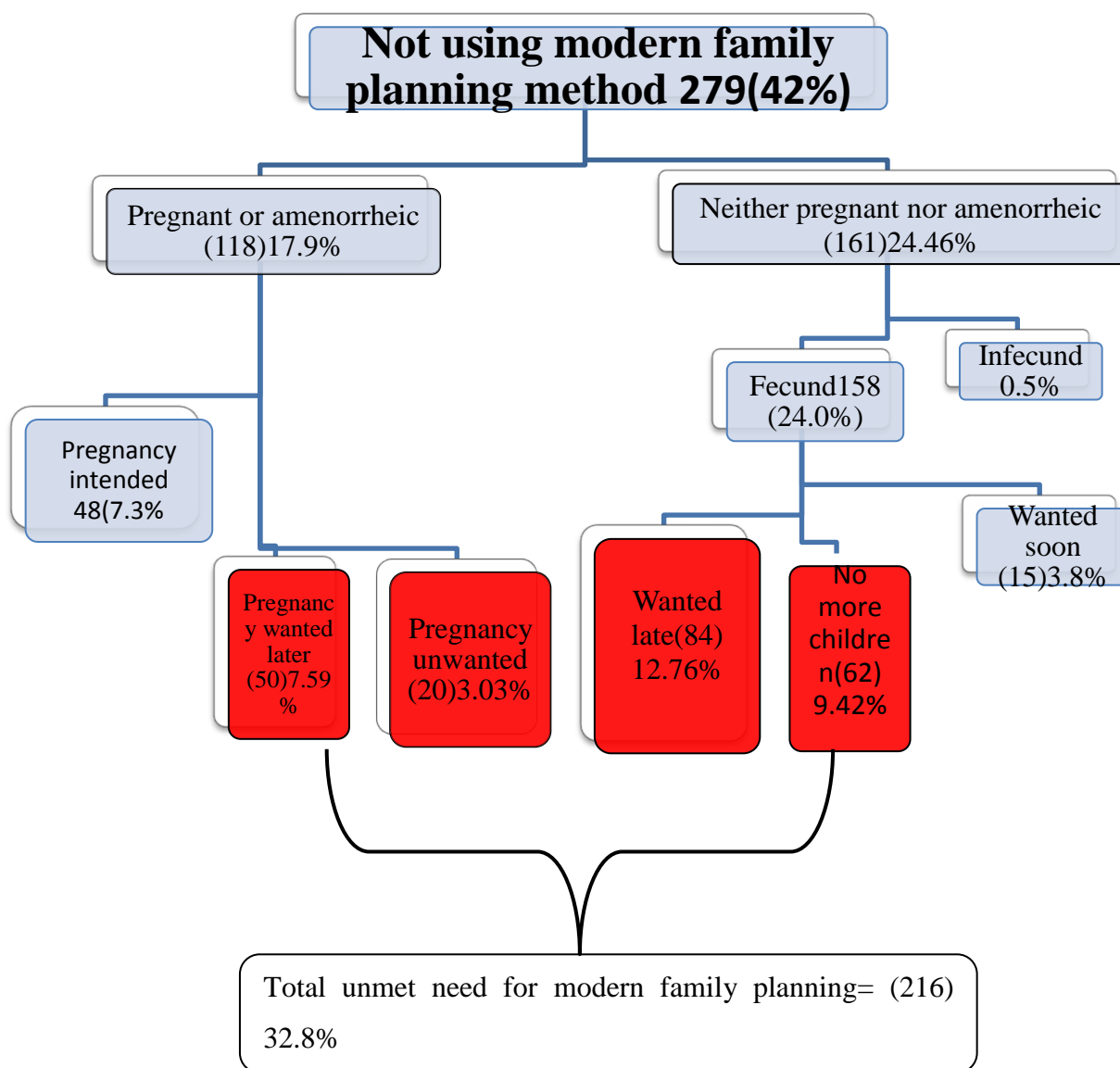


Figure 6. Illustration of calculated unmet need for modern family planning in Ginir woreda, south east Ethiopia, 2014

5.6 Reasons for non-use of contraception among women with unmet need.

As the analysis made on their response shows, the major reasons are, 86(38.8%) fertility related reasons and most often women want more children and little perceived risk of pregnancy. About 68(30.2%) mentioned method related reasons mainly fear of side effects and health concerns. Another 71(31.5%) claimed husband opposition and religious prohibition (table5)

Table 5. Distribution of currently married women with unmet need by reasons not to use family planning method in Ginir woreda, South east Ethiopia, 2014

Reasons	No.	%
Fertility related reason	N= 86	38.8
Wants more children	42	18.6
little perceived risk of pregnancy	44	19.5
Opposition to use	N=71	31.5
Husband\partner opposition	29	12.8
Religious prohibition	42	18.6
Knowledge related reason	4	1.8
Method related factors	N=68	30.2
Health concern	27	12
Fear of side effect	38	16.9
Lack of access/Too far and other	3	1.3

Table 6. Results of Bivariate logistic regression of factors associated with unmet need for modern family planning among currently married women of reproductive age group in Ginir woreda, south east Ethiopia, 2014.

Variable	Unmet need for FP		COR (95%CI)	P-value
	YES	NO		
Residence				
Urban	28(19.7%)	114(80.3%)	1.00	
Rural	188(36. %)	328(63.6)	2.3(1.487-3.662)	0.000
Religion				
Muslim	167(40%)	251(60%)	2.5(1.792-3.754)	0.000
Orthodox and other	49(20.4%)	191(79.1%)		
Age at 1st marriage				
<18 years	189(41.1%)	271(58.9%)	4.3(2.793-6.823)	0.000
>=18 years	27(13.8%)	169(86.2%)	1.00	
Age at 1st give birth				
<18	158(40.2%)	235(59.8%)	5.7(1.302-25.079)	0.021
18-24	56(24.3%)	162(74.3%)	2.7(0.662-12.433)	0.181
>=25	2(10.5%)	17(89.5%)	1.00	
Educational status of women				
Illiterate	116 (44.1%)	147(55.9%)	5.4(2.396-9.971)	0.000
Primary education	86(30.2%)	199(69.8%)	2.9(1.602-5.48)	0.001
Secondary education and above	14(12.7%)	96(87.3%)	1.00	
No of alive children				
<5	99(26.3%)	277(73.7).	0.4(0.299-0.591)	0.000
>=5	117(46%)	137(54%)	1.00	
Visited by HEW				
Yes	138(29.2%)	335(70.8%)	1.00	
No	78(42.2%)	107(57.8)	1.7(1.255-2.543)*	0.001
Discussed FP with husband				
Yes	117(22.3%)	408(77.7%)	0.09(0.063-0.153)	0.000
No	99(74.4%)	34(25.6%)	1.00	
Husband approval				
Approve	42(10.6%)	354(89.4%)	1.00	
Disapprove	174(80.6%)	85(32.6%)	17.4(11.43- 26.045)	0.000
Attitude toward FP				
Favourable	70(14.7%)	405(85.3%)	0.04(0.019-0.050)	0.000
Unfavourable	146(79.8%)	37(20.2%)	1.00	

P -value <0.2

5.7. Factors independently associated with unmet need for modern family planning

The analysis done on unmet need for modern family planning and associated factors among currently married women was found to vary between selected socio-demographic, client related and health facility related characteristics. In the crude odds ratio about ten variables showed statistically significant association. In the multivariable logistic regression analysis, about six variables were independently-associated with unmet need for modern family planning among currently married women. After adjusting for confounding factors it was seen that women residing in the rural area were three times more likely to have unmet need than those who were living in urban area (AOR=3.8, 95% CI, (1.183-11.276)).

Assessment on age at first marriage has showed that women who were married at their age less than eighteen were three times more likely to have unmet need for family planning than women who married at the age of 18 and above AOR=3.3; 95% CI, (1.072-6.228). Women who were not visited by community based health worker in the last 12 months or health extension were found to be two times more likely to have unmet need than women who had visited by health extension worker AOR=2.3, 95% CI, (1.045-5.288). Women who had discussed family planning issues with their husband were less likely to have unmet need for family planning than women who had not discussed family planning issues with their husband AOR=0.013; 95% CI, (0.001-0.176). Moreover, currently married women whose partners did not approve the use of FP methods were two times more likely to have unmet need compared to those whose partners approve FP use (AOR=2.3; 95% CI, (1.055-5.056)). On the other hand women who were favourable attitude toward family planning were less likely to have unmet need than their counterparts AOR=0.052, 95% CI (0.020-0.132), (table 6).

Table 7. Result of multivariable logistic regression of factors independently associated with Unmet need for modern family planning among currently married women in Ginir woreda south east Ethiopia, March 20-30/2014

Variable	Unmet need for FP		COR (95%CI)	AOR(95%CI)
	YES	NO		
Residence				
Urban	28(19.7%)	114(80.3%)	1.00	1.00
Rural	188(36. %)	328(63.6)	2.3(1.487,3.662)	3.8(1.183-11.276)
Age at1st marriage				
<18 years	189(41.1%)	271(58.9%)	4.3(2.793,6.823)	3.3(1.072-6.228)
>=18 years	27(13.8%)	169(86.2%)	1.00	
Visited by HEW				
Yes	138(29.2%)	335(70.8%)	1.00	1.00
No	78(42.2%)	107(57.8)	1.7(1.255- 2.543)	2.3(1.045-5.288)
Discussed FP with husband				
Yes	117(22.3%)	408(77.7%)	0.09(0.063-0.153)	0.013(.001-0.176)
No	99(74.4%)	34(25.6%)	1.00	1.00
Husband approval				
Approve	42(10.6%)	354(89.4%)	1.00	1.00
Disapprove	174(80.6%)	85(32.6%)	17.4(11.43- 26.045)	2.3(1.055-5.056)
Attitude toward FP				
Favourable	70(14.7%)	405(85.3%)	0.04(0.019-0.050)	0.052(0.020-0.132)
Unfavourable	146(79.8%)	37(20.2%)	1.00	1.00

P-value<0.05

CHAPTER SIX: DISCUSSION

This study, using a cross sectional data, assessed the prevalence of unmet need for modern family planning and its associated factor among currently married women of reproductive age group (15-49 years) in Ginir woreda south-east Ethiopia. It revealed that the prevalence of unmet need for modern family planning for the Woreda was 32.8%. This percentage is slightly higher than that of the average for Oromia region (30%) (7). This is not so surprising given the remote nature and historically poor access to health services. However, this figure is lower than the prevalence in recorded in Butajira (**52.4%**), Kobo (47.3%) and the SNNPR (35%) (22,23, 28). Variation might be attributed to the expanding of health service coverage and awareness of family planning in some parts of the region and duration of the study. Furthermore the study also showed that, about 57.5% of currently married women were family planning users, this is higher than study in kobo 38%.and Senegal (41)% (23,30).The variation might be due to increase awareness to family planning and start of an opening the health centre in some selected rural .Even though the majority of respondents have heard about contraception, the CPR is relatively low this could be attributed to reasons such as fear of side effects, health concern related to inadequate information on contraception.

The study explored factors associated with unmet need for modern family planning. Place of residence, discussion of family planning with husband, visit by HEW, age at first marriage, husband approval of family planning and attitude towards family planning were the major factors associated with unmet need.

Women living in rural areas were more likely to have unmet need than women resided in urban areas, although those living in urban kebeles are fewer in the region. This is similar with study done in other countries such as Senegal and Zimbabwe (24,30).Studies in SNNPR also document that women residing in rural areas were significantly, more likely to be affected by unmet need for family planning (28). This could be more probably because urban women had easier access to health facilities and health providers for contraceptives, easy access to media and information, and the high cost of living in urban areas which motivates them to space or limit births. Besides, the desire for more children in rural areas, and the greater education in urban areas might play a great role. This study however contradicts with

study done in Benin, where interestingly, unmet need is somewhat higher in urban areas than in rural areas (25). This might probably percentage of total demand for family planning that is satisfied is at least lower in urban women of Benin and also the report of this finding were at country level.

Women who married before the age of eighteen years were more likely to have unmet need. This is similar with study done in SNNPR, Enemay district (28,29). This implies women who were 18 years or older at marriage were more likely to discuss family size with their husbands and were also more likely to find out about a method of contraceptive than their younger counterparts.

In this study discussion on family planning issue with their husband\ partners was significantly associated with unmet need for modern family planning. which is similar with study conducted in Gondar (32). This finding were also consistent with report on Attitudes Toward Family Planning and Reasons for Non-use among Women with Unmet Need for Family in Ethiopia where as women who discuss family planning with their partner are about 40 percent less likely to have an unmet need for family planning services than women who have never discussed family planning with their partner (33). There was also report from Gulumi district, Nepal, that found among respondents having no discussion and communication about contraception among spouses, there was found high unmet need (83.3 percent) and low met need (16.7 percent) as compared to those having discussion and communication about contraception between spouse's low unmet need (43.2 percent) and high met need (56.8 percent (26). This implies there was inadequate behavioural change communication.

In Ethiopia, decision to use contraception is strongly influenced by men, it is crucial to consider involving men in family planning programs to meet the unmet need for family planning(39). This has been found to be true in this study where currently married women whose partners don't approved the use of modern family planning methods were more likely to have unmet need for FP when compared to those whose partners approved. This finding is consistent with study done in Enemay district (29). In general, spousal discussion about family planning opens the door for couples to talk about the number of children to have and the importance of using contraceptives. Through discussion a couple can come to a mutual

decision on whether or not to use contraception to plan when to have children and how many to have (37)

Visited by community based health worker or health extension worker was significantly associated to unmet need for modern family planning. This is in line with study done in Enemay district, northwest Ethiopia, kobo, northern Ethiopia (29,23). The report from EDHS in-depth analysis also showed that women who reported being visited by community workers/HEWs/health workers in their homes were 27% more likely to adopt contraception compared to those women without access to family planning information via home visits (8). The finding also revealed that women who were favourable attitude towards family planning were less likely to have unmet need when compared to their counter parts. Kora A. also indicate that Women's attitude towards family planning impacts their willingness to use a method of contraception (33)

Women who wanted either to space or limit their birth but were not using family planning methods were further asked to state the reasons for not using contraception. The main reasons of non-use mentioned by women with unmet need in their order of importance were fertility related reasons,(wants more children, little perceived risk of pregnancy(breast feeding , natural method), opposition to use (husband opposition and religious prohibition)and method related reasons: (fear of side effect and health problems) .Which is similar with the study done in Enemay district (29).This finding were also supported by study conducted in Senegal where as the main self reported reasons for non use of contraception among unmet need were opposition to use infrequent sex followed by breast feeding (30). Also in-depth analysis of EDHS,in 2012 revealed that the main reason for not using modern family planning among women with unmet need was the fear of side effects or health concerns (20.7%),3% said lack of knowledge, Opposition to family planning, as expressed by husband's opposition5.2%, religions prohibition5.3%,Fertility-related reason such as breastfeeding and postpartum amenorrhea were also implicated among the reasons for not using family planning(8).

Similarly ,the most recent DHS in 13 country completed survey probe further to the cause of unmet need revealed that between one third and two third of women with unmet need said little perceived risk of pregnancy(Infrequent sex, breast feeding and so on),opposition to use accounts 20% to 30%,method related reasons(fear of side effect and health concerns) were

cited with one third of women of those survey in sub Saharan Africa (38).This might implies women's lacks enough or correct information on contraceptive methods especially on side effect and health concerns or counselling on likelihood of becoming pregnant for those breast feeds and infrequent sex ,on what family planning methods might be appropriate for them.

In general unmet need for modern family planning among currently married women in reproductive age group was associated with place of residence (urban vs rural), age at first marriage, visit by HEW in the last 12 months, discussion about family planning issues between couples, husband approval and attitude toward family planning: where much emphasis have to be given to the programs.

On the other hand: age of respondents,religion,ethnicity,educational status, age at first birth, occupational status, desired number of children, total number of alive children, and knowledge of family planning availability of method were not significantly associated with un met need.

In Ethiopia during the last years unmet need for family planning was added to the fifth millennium development goal as an indicator for tracking progress in maternal health thus expansion of family planning service become widespread. Nevertheless, this study indicates that increasing health coverage alone will not be enough unless women's use it as needed or properly. Furthermore understanding the level of unmet need change over time and associated factors is important

6.1. Strength of the study

The study was conducted to understand main factors that contribute to unmet need for family planning in a high fertility community with population pressure where in contraception rate was low.

6.2. Limitation of the study

Since it is cross sectional study it doesn't show cause and effect relationship of dependent and associated factors. Secondly not including men as study participants to explore the difference in perception and practice between men and women and main reasons for this difference. It did not in particular ask the involvement of men in the utilization of family planning and their perspectives towards its use. Besides, Study utilized data from a single source, women only. Triangulating data from different sources like health institution and interviews with informants may provide better information.

CHAPTER SEVEN: CONCLUSION AND RECOMMENDATIONS

7.1 Conclusion

The overall prevalence of unmet need was 32.8%. Visited by community based health worker in the last 12 months, residence (place resided), age at first marriage, discussion about family planning between couples, husband approval and attitude towards contraception were independently associated with unmet need for family planning. Thus identify as factors independently associated with unmet need for modern family planning among currently married women of reproductive age group.

The main reason for none use of family planning methods mentioned by women with unmet need was; fertility related reason, method related reason and opposition to use.

7.2 Recommendation

Family planning programs: should focus on men as well as women creating environment in which both couples can seek service and encourage men to discuss family planning issues with their wives.

Programs should work to women's need to counselled on full range of available contraception and correct or adequate information especially on side effect, health concern and how to manage it

Programs should create broader information, education and communication campaigns (IEC and behavioural change communication program to address social cultural barriers to family planning including misconception and myths about contraception.

HEW should strengthen visiting women's home to home. Moreover, Emphasis should be given to rural community

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ANNEX1 English version Questionnaire

My name is_____ I am working as a field data with Haymanot Gizachew who is doing a research as partial fulfilment for the requirement of Masters in Public Health at Jimma University, college of public health and medical science to assess unmet need and associated factors for modern family planning. Your name will not be written on this form and will never be used with any information you may tell me. You don't have to answer any questions that you don't want to answer and you may end this interview at any time you want. However, your honest answer to these questions is very important for the purpose of the study. We would very much appreciate your participation in this survey by genuinely responding to the interviews. Would you be willing to participate? It would take _____ minutes to complete the questionnaire

Signature of the interviewer certifying that informed consent has been given verbally by respondent_____.

001. Questionnaire identification number /_____/_____/_____

002. Interviewer code_____ Name_____

003. Date of interview_____

005. Result: 1. Completed 2. Partially completed 96.Others (Specify)

Checked by supervisor; Name_____, Signature_____

Part one, Demographic and socio economic factors.			
Question no	Question	Response	Skip to question
101	Residence	1 urban 2 rural	
102	How old are you ? age in year	
103	What is your religion?	1 Orthodox 2. Muslim 3. Protestant 4. others (Specify	
104	To which ethnic group do you belongs	1 Oromo 2 Amhara 3 Tigre 4 Somale 5other specify_____	
105	What is your current educational Status?	1. illiterate 2. primary education 3. secondary education and above	
106	What is your current occupation?	1. House wife/farmer 2. Government employee 3. non government employee 4 merchant 5 daily labourer 6 Others (specify)	
INCOME AND WEALTH INDEX QUESTIONS			
107	Approximately, how much of these products did your household produced and sold during the last 1 year?	1.wheat (in Birr) 2. Teff sold in Birr 3. Maize (in Birr) 4. Barley (in quintals) 5.Others(specify)_____	
108	Do you have livestock, herd or farm animal?	1 yes 2 no	
109	If yes, how many? - Milk cow, Oxen and bulls? - Goat? - Sheep? - Chicken? - Horse, donkey mule?	____ number ____ number ____ number ____ number ____ number ____ number	

		Other specify....	
	Does your household have?		
	A) Functioning radio/tape	1 yes 0 no	
	B) Cotton/sponge/spring mattress?	1 yes 0 no	
	C) Bed	1 yes 0 no	
110	What kind of latrine does your family have?	1. latrine with super structure 2. latrine without superstructure 3. used as compost 4. Other (specify)_____	
111	What is the type of roof of the house?	1. Corrugated sheet 2. Thatch roof 3Other (specify)_____	
112	How many rooms are used by this household for sleeping only?	Number of rooms	
113	Do you have kitchen	1 yes 0 no	
114	Do you have separate rooms for cattle?	1 yes 0 no	
115	What is the wall of your residence house made of?	1. Wooden structure 2. Mud 99. Other(specify)_____	
116	What is the total farm size holding of the household in Hectares?	Size in hectares	
117	How much was your family estimated income during the last 6 months?	Amount in Birr	

Part two, Reproductive history/client related history			
Question no	Question	Response	Skip to question no
201	At what age were you first married?	1. _____ age of year 2. I don't remember 3. no response	
202	Have you ever been pregnant?	1. Yes 2. No 3. I don't remember _____ 4 no response	209 204 204
203	If answer to question number 202 is yes, how Old were you when you first got pregnant?	_____ in number	
204	Now I would like to ask you about all the births you have had during your life. Have you ever give birth??	1.yes 2. no 3. no response	209 212
205	How old were you when you born your first Child?	1. _____ year 2. I don't know remember 3. no response	
206	How many birth have you had during your life time?	Enter _____ total number _____ 1.sons _____ 2.Daughter _____ 3.I don't remember _____ 4. No response_	
207	How many live children do you have?	1 – enter no ----- a. Sons b. Daughter 2 – No response	210
208	If you have could go back to the time you don't have children and could choose exactly the number of children to have in your life, how many children could that be?	1.Enterthe number _____ 2.I don't know 3. no response	
209	How many children would like to have in your	1.Enter number 2.not yet decided	

	life?(for those who don't have children)	3.no response	
210	Are you currently using any modern contraceptive method to delay pregnancy or to avoid getting pregnant	1 yes 2 No	230
211	Are you currently pregnant?	1 Yes 2 No → 215 3 Unsure	
212	If answer to question number 211 is yes, is the Pregnancy, wanted now, wanted later or not wanted at all?	.1.Wanted now 2.Wanted later → 213 3.Not wanted at all 4.No response	213 213 213
213	Do you ever use any modern contraceptive method to prevent this unwanted pregnancy?	1 yes 2 No 3 no response	
214	If the answer to question number 213 is no, what were the reasons for not using the methods? Don't probe circle all	1 breast feeding 2 wants more children 3 little perceived risk of pregnancy 4 respondent opposed 5 husband opposed 6 other opposed 7 religious prohibition 8 knows no method 9 knows no sources 10 health concern 11 fear of side effect 12 lack of access 13 method not available 14 other specify	
215	Did you give birth within the last 23months?	1.Yes _____ 2 no 3. no response	216 226

216	If the answer to ques 211 is yes, is the birth -- -----?	1 – wanted then 2 – wanted later 3 – not wanted at all 4 – no response	218 217 217
217	If you have been or gave birth within the last 23 months when you don't want to what were the reasons you couldn't avoid becoming pregnant? Tick all mentioned.	1 – fear of side effect 2 – not aware of contraceptive 3 – no preferred method 4 – little pregnancy risk (H or / & W) 5 – to have more children 6 – husband disapproval 7 – contraceptive method failure 8 – Others /specify	
218	Has your menstrual period returned since your last birth?	1 yes 2.no 3 no response	
219	After the child you have expecting now, would you like to another child or not to have any more children?(for pregnant women)	1.have a child_ 2.have no more children 3. not yet decided 4.no response	221 221 221
220	After the child that occurred within the last 23 months, would you like to have another child or not to have any children? (for women that gave birth within the last 23 months	1.have child 2.have no more children____ 3. no yet decided 4.no response	221 223 223 223
221	If the answer to question 219is choice 1 (preferred to have another child) how long would you like to wait before the birth of another child?	1.<2years 2.>2years _____ 3.not yet decided_____ 4.no response	223 223
222	If the answer to question 218 is choice 1(preferred to have another child) how long would you like to wait before the birth of another child?	1.<2years 2.>2years _____ 3.not yet decided_____ 4.no response_____	223 223 223
223	Within a year after the birth of child you are expecting now,	1.Yes _____ __2.No _____	225 228

	will you use modern contraception(for pregnant)	____ 3. Not yet decided 4. no response	
224	Do you intended to use modern contraception within a period of 12 months starting from the birth that occurred within the last 23 months (for women who have gave birth within the last 23 months)	1.yes 2.no_____ 3. not yet decided 4. no response	225 228
225	If the answer to question number 221was yes, would you like to use the method for limiting or spacing?	1 – for spacing 2 – for limiting 3 – don't know 4 – no response	
226	If you are not currently pregnant or did not give birth since 23 months or unwilling to response would you like to have another or not have any more?	1.have another child 2. No more children ____ 3. not yet decided_ ____ 4. no response	227 228

227	If the answer to question number 226 is choice 1, how long would you like to wait from now before the birth of another child?	1.<2years 2.>2years_____ 3.not yet decided_____ 4.no response_____	228 228
228	If answer to question no.226is 2(no more children).or if answer to question no.227 is 2 (after two years Can you tell me why you are not using a method to Prevent pregnancy? Record all reasons mentioned.	Fertility related reason 1. Breastfeeding 2.Subfecound/Infecund 3. not having sex 4. infrequent sex 5.menopausal/hysterectomy 6. wants more children Opposition to use 7. Respondent opposed 8. husband/partner opposed 9. Others opposed 10. Religious prohibition Lack of knowledge 11. Knows no method 12. Knows no source Method related reasons 13. Health concerns 14. Fear of side effects	

		15. Lack of access/too far 16. Cost too much. 17 Method not available 18 if other specify																																		
229	Would you intended to use modern contraceptive within 12 months from now?	1.yes _____ 2.no 3.Not yet decided 4. no response	230																																	
230	For what purpose would you like to use the modern contraceptives, for limiting or for spacing?	1 – for spacing 2 – for limiting 3 – don't know 4 – no response																																		
Part three, Knowledge about contraceptive methods																																				
301	Have you ever heard of family planning methods?	1.Yes 2. No																																		
302	If the answer to question number 401 is yes, from where are you heard? (Circle all mentioned by the respondent)		<table border="1"> <thead> <tr> <th></th> <th>yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1. On the radio?</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. On the television?</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. In a newspaper or magazine?</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. In pamphlet/poster/leaflets/ booklets?</td> <td>1</td> <td>2</td> </tr> <tr> <td>5. At a community event?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		yes	No	1. On the radio?	1	2	2. On the television?	1	2	3. In a newspaper or magazine?	1	2	4. In pamphlet/poster/leaflets/ booklets?	1	2	5. At a community event?	1	2															
	yes	No																																		
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4. In pamphlet/poster/leaflets/ booklets?	1	2																																		
5. At a community event?	1	2																																		
303	Do you know any way or methods that women and men can use to delay or avoid pregnancy?	1.Yes 2. No																																		
304	If yes, is it possible to obtain this method?	1.Yes 2. No																																		
305	Which of the following contraceptive methods do you know about?[read and tick all mentioned		<table border="1"> <thead> <tr> <th></th> <th>yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1. Pill</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. IUCD</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. Injectables</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. Implant [Norplant]</td> <td>1</td> <td>2</td> </tr> <tr> <td>5. Condom</td> <td>1</td> <td>2</td> </tr> <tr> <td>6. Female sterilization</td> <td>1</td> <td>2</td> </tr> <tr> <td>7. Male sterilization</td> <td>1</td> <td>2</td> </tr> <tr> <td>8. Spermicidal [foaming tab. jelly]</td> <td>1</td> <td>2</td> </tr> <tr> <td>9. Natural methods [periodic abstinence, withdrawal]</td> <td>1</td> <td>2</td> </tr> <tr> <td>10. Other specify</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		yes	No	1. Pill	1	2	2. IUCD	1	2	3. Injectables	1	2	4. Implant [Norplant]	1	2	5. Condom	1	2	6. Female sterilization	1	2	7. Male sterilization	1	2	8. Spermicidal [foaming tab. jelly]	1	2	9. Natural methods [periodic abstinence, withdrawal]	1	2	10. Other specify	1	2
	yes	No																																		
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8. Spermicidal [foaming tab. jelly]	1	2																																		
9. Natural methods [periodic abstinence, withdrawal]	1	2																																		
10. Other specify	1	2																																		

306	Where is the main place that you or other women are able to get modern Contraceptives from?		yes	no
		1 Hospital	1	2
		2. Health center	1	2
		3. Health station	1	2
		4. Community health post	1	2
		5. FGAE clinic	1	2
		6. Private clinic	1	2
		7. Pharmacy /drug vender	1	2
		8. Shop	1	2
		9. Do not know	1	2
10. Other specify...	1	2		

Part four, Attitude toward contraceptive

		SA	A	N	SDA	DA
401	I would like to know more about contraception					
402	A couple that practices family planning has a happy family.					
403	Family planning will help improve one's standard of living.					
404	Practicing family planning methods help to improve both mother and child health					
405	The practice of family planning helps to get the desired family size					
406	Using family planning methods helps to improve children's health					
Discussin of familyplanning						
501	Have you ever discussed about contraception with your partner ?	1 yes				
		2 no				
502	If you discussed, how many times have you discussed	1. Once				
		2. twice				
		3. three times				

		4. greater than 3 times	
503	What is your husband's attitude towards contraceptive methods?	1. approve 2. disapprove 3. do not know	
504	Does your husband know whether you are using or not using any contraceptive?	1. yes he does know 2. no he doesn't know 3. I am not sure	
Practice of modern contraceptive methods			
601	Have you ever used modern Contraceptive?	1 yes 2 no	
602	If the answer to ques 601 is yes, which method are you using? Tick all the mentioned methods.	1 – pill 2 – implant (Norplant) 3 – injectables 4 – IUCD 5 – Condom 6 – female sterilization 7 – male sterilization 8 – spermicidal 9 – natural method 10 – others (specify)	
603	If the answer to ques 301 is yes, are you Currently using a methods?	1. yes 2. no →	605
604	If the answer to ques to 303 is yes, for What purpose you are using the methods?	1 – Spacing 2 – Limiting 3 – do not know 4 – Others specify	
605	What was the main reason that you Stopped using contraceptive method?	1 – Fear of side effect 2 – Fear of infertility 3 – Medical problem 4 – preferred method is not available 5 – Desire to have more children 6 – Little risk of pregnancy 8 – Religion prohibition 9 – Others (specify)	
606	In the last 12 months, were you visited by a community based health agent/distributor who talked to you about family planning?	1. Yes 2. No	

607	Time taken to travel to the source of contraceptive methods?write time in minutes	
-----	--	----------------------------	--

SA. Strongly agree, **A.** Agree, **N.** Neutral **SDA.** Strongly Dis agree ,**DA.** Dis agree

Annex 2; Afan Oromo version Questionnaire

YUUNIVARSIITII JIMMAATTI FAKAALITII FAYYAA HAWAASAA FI SAAYINSII MEEDIKAALAA QORANNAA TOOFTAA QUSANNA MAATII WARROTA HIN FAYYADAMNEF, DUBARTOOTAYEROO AMMA KANA HEERUMANII UMRIIN ISAANII 15~49 TA ANIIF KAN QOPHAA 'E.

Waraqaa Gaaffii

Waraqaan gaaffii kun kan qophaa'e ragaa tajaajila Tooftaa qusannaa maatii fi dhimmoota murteessa isaan ta'an sadarkaa manaa manatti funaanuuf, aanaa Gindhiir, Godina Baalee ,Naannoo Oromiyaa

Walii galtee

Nagaa

Seensa;

Maqaan koo _____ jedhama. Ani kan hojjachaa jiru ragaa qorannaa Yuunivarsitii Jimmaa, faakalittii fayyaa hawaasaa fi Saayinsii Meedikaalaa waliin ta'uun mata duree "Sadarkaa sirna Tajaajila qusannaa maatii fayyadamuu dhiisuu fi dhimmoota murteessa isaa ta'an" irratti gaggeeffamuuf oolu funanuu dha.

Maqaan keessan guca kana irrattii hin-barreeffamu, akkasumas ragaa naa keennitani walin qabsifamees itti hin-fayyadamamu. Gaaffiin isin deebisuu hin-barbaadne yoo jiraate dhiisuun mirga keessan ta'ee yeroo barbaaddanis gaaffii fi deebii gaggeessinu dhaabuu ni-dandeessu.

Haa ta'u malee, gaaffilee hundaaf deebiin sirii ta'e kaayyoo qorannaa kanaaf baay'ee barbaachisadha.

Hirmaachuudhaaf fedhii qabduu? 1. Eeyyee 2. Hin Qabnu

Gaaffii fi deebii kana xumuruuf sa'aatii _____ ta'u nutti ni fudhata.

Mallattoo gaafataa, Namni gaafatamu kun waliigaltee isaa jechaan ibsuu isaa mirkaneessuuf

001. Lakkoofsa waraqaa gaaffii _____

002. Maqaa nama gaafatuu _____

003. Guyyaa gaaffii fi deebii _____

004. Teessoo; 1. Magaala 2. Baadiyaa

005. Firii: 1. Hundi guutame 2. Walakkaa guutame 96. kan biraa (Ibsi)

Lakkoofsa waraqaa gaaffii _____

KUTAA TOKKOFFAA: GAAFFILEE HAWAASUMMAA FI DINAGDEE			
Lakk.	Gaaffii	Deebii	Darbu/ibsa
101	Teessoo	1 Magaalaa 2 Baadiyaa	/
102	Umriin keessan meeqa? lakkofsan	
104	Amntiin keessan maalii?	1. musliima 2. Ortodoksii 3. phenxee 99 Kan biraa (Ibsi)_____	
105	Qomoon keessan maalii?	<u>1. Oromoo</u> <u>2. Amaaraa</u> 3. somaalee . . 96. kan biraa (Ibsi)	
106	Yeroo ammaa kana sadrkaan barnoota keessanii meeqa?	<u>1 hin barannee</u> <u>3 sadarkaa lffaa</u> <u>4 sadrkaa lammaffaa fi sanii oli</u>	
107	Hojiin keessan maalii?	<u>1. Haadha manaa qofa</u> 2. Qotee bulaa 3. hojjetaa mootummaa 4. Hojjataa jaarmiyaa dhuunfaa 5 daldalaa 6 hojjataa guyyaa 96 kan biraa ibsi	
Galii manaa ilaalchisee			
109	Tilmaaman waggaa 1 darbe keessatti oomisha hammam galchitan fi hammamitti gurgurtan?	1..Qamadii (qarshii dhan) 2. Xaafii qarshii dhan 3 boqqoolloo qarshii dhan 4. garbuu (qarshii dhan) <u>96kan bira(ibsi)_____</u>	
110	Horii qabduu?	1eyyeni 2 hin qabu	

111	Meeqa ta'u ? - Loon - Re'ee - Hoolaa - Lukkuu - Fardaa fi Harree Waliigalatti	Lakkoofsaa _____ Lakkoofsaan _____ Lakkoofsaan _____ Lakkoofsaa _____ Lakkoofsaan _____ Lakkoofsaan _____	
112	Manni keessan wantoota armaabn gadii qabaa?		
	A)raadiyoo/teeppii tajaajila kennu	1 eyyen 0 lakkii	
	B(sponjii/jirbii/xixii	1 eyyeen 0 lakkii	
	C) siree	1 eyyen 0 lakkii	
113	bolla fincaanii gosa akkami qabdu	1 kan ijaars hin qabne 2 kan ijaarsa qabu 3badheetti fayyadamu 4 kan biraa ibsi	
114	Baaxiin mana keessani gosa kami	Qorqorroo Citaa Kan biraa ibsi	
115	Mana keessan keessa kutaan ciisichaaf oolu gola meeqa	Lakkofsan	
116	Mana hojii mana keessa itiiit hojetan/kushiina qabdu	1 eyyeen 0 lakkii	
117	Manneen horiidhaf adda bahe qabduu	1 eyyen 0 lakkii	
118	Girgiddaan mana keessanii maalirraa hojetame	1 muka 2 dhoqqeerraa 3 kan biraa ibsi	
119	Lafa qonnaa hammam ta u qabdu qarxii ykn heektara	Heektaara/qarxii	
120	Tilmaaman ji a jahaa keessatti galii qarshii hammam ta u argattuu	Qarshii dhan....	

Kutaa lammaffaa,Odeeffaannoo wal Hormaataa		
201	Yeroo jalqaba heerumtan umriin keessaan meeqa ture?	.1.....lakkofsan 99 hin beeku

202	Ulfooftanii ykn garaatti baattanii beektu?	1 eeyyeni 2lakkii\hinbeeku→	209
203	Deebiiin lakk 202 eyyeen yoo ta e yeroo jalqabaa garaattii baataan umriin keessaan meeqa ture?	1.....lakkofsan 2hin yaadadhu	
204	Daa ima Deessanii beektu?	1 eeyyeni 2 hin deenye →	209
205	Daa ima jalqabaa keessaan woyta deessan umriin keessaan meeqa ture?	1..... 2hin yaadadhu	
206	Hanga ammaatii ijoollee meeqa deessan?	1dhiiraa.... 2 dhalaa.... 3 walii gala...	
207	Ijoollee meeqatu lubbuun jira?	1 dhiira 2 dhalaa 3walii gala.....	
208	Bara ijoollee hin qabne san osoo duubatti deebitanii yaadattanii ijoollee meeqa godhaachuuf yaadduu turtan?	1walii galattii..... 2 hin beeku 3 deebii hin qabu	
209	Jireenya keessaan keessaatti ijoollee meeqa godhachuu feetan(warroota ijoollee hin qabneef?)	1walii galatti..... 2 hin murteessine	
210	Yeroo ammaa kana mala karoora maatii ammayyatti fayyadamaa jirtu?	1 eeyen → 2 lakkii	230 211
211	Amma garaatti baattanii jirtuu/ulfaa?	1 eeyyeni 2 lakkii → 3sirritti hin beeku	213 213
212	Gaaffii 211 deebiiin eyyeen yoo ta e ulfichi?	1 ammatti barbaadameeti 2 booda turreti → 3 goonkumaa hin feefe	218 213 213
213	Ulfa hin barbaachifne kana ittisuuf mala karoora maatii ammayyaatti fayyadamtanii beektu?	1 eeyen 2 hin beeku 3 no answer	214
214	Gaaffii lakk.213 deebiiin filannoo lakk.2 yoo ta e sababnii fayyadmuu dhabdaniif maalii natti himuu dandeessuu? Kan jedhame hunda irra mari	Sababa dahuumsa waliin wal qabate 1harman hoosisa 2 waan hin dhalleef 3wal qunnamti saala dhiisudhaan 4dafee dafee wq saala gochuurra of Qusachuu 5 gadaamessi operasiooniidhaan waan baheef 6 ijoollee baayee waanan barbaaduuf Fayyadamuurratti komii 7 diidda hirmaattuu 8 diddaa abba warraa 9diddaanama biro 10 amantii tu dhoorka	

		Beekumsa dhaburraan 11 mala kamiyyuu wallaaluu 12 eddo tajaajilaa wallalluu Sababa mala ammayya waliin walitti dhufu 13 rakkina fayyaa 14 miidha inni fidu sodaachurraan 15 argachuu dhabuurran / fagoo ta u 16 gatiin saa qaalii ta u 17 mala filannoo koo dhabuu 96 kan biraaihsi.....	
215	Jia 23 darban keessatti Daa ima deessanirtu?	1 eeyyeni 2 hin deenye	216
216	Yoo deebiin lakk 213 eyyen ta e yeroo sanitti da imichii	1 barbaaddameeti 2 booda barbanneeti 3 gonkumaa hin barbaannee	220 217 217
217	Da iimni ji a 23 darban sankeessa deessan sun eega yeroo sin hin karoofannetti ta ee maaliif mala ittisa ulfaatti(karooraa maatii ammayyaatti)maaliif fayyadamuu dhiistan?	1 miidha saa sodaadhetti 2 waa ee malicha quba hin qabu 3 malli ani barbaadu hin turree 4 abban warra ko hin deeggaru 5 malichi ittisu hin dandeenye 6 amantiin ko hin heeyyamu 96 kan biraa ibsi.....	
218	Da ima ji a 23 darban san kessa deessan saniin booda marsaan laguu keessan deebii eera	1 1 eeyeen 2 lakkii 3 deebii hin qabu	
219	Daa ima aamma garaatti baattan kana eega deessanii booda da iima biroo dahuu ni feetu? warrota ulfa ta aniif	1 eeyyen → 2 kana booda hin barbaadu → 3 hin murteesine →	221 223 223
220	Ji a 23 darban keessatti daaima deessan saniin booda daa iima biroo dahuu ni feetu?(warrota ji a 23 darban keessa dahaniif)	1 eeyyeni → 2 hin fedhu → 3 hin murteesine →	222 222 222
221	Deebiin lakk 219 eyyen yoo ta e yeroo hammamii keessatti da ima biroo godhachuu barbaadduu? ulfaaf	1 waggaa 2 gadiittii 2 waggaa 2 n booda → 3 hin murteesine	221 221
222	Deebiin lakk 220 eeyyen yoo ta e yeroo hammamii keessattii da ima biroo godhachuu barbaadduu? Ji a 23 keessa dahaniif	1 waggaa 2 gadiitti 2 waggaa 2n booda → 3 hin murteesine	224 224
223	Wagga keessatti da ima amma garaatti baattan kana eega deessanii mala karooraa maatii ammayyatti ni fayyadamtuu?(warrota ulfa ta aniif	1 eeyyeni → 2 hin fayyadamu 3 hin murteesine	225 228
224	Da imaji oota 23 darban deessan saniirraa eegalee ji oota 12 keessatti Mala karooraa maatii	1 eeyyeni 2 hin fayyadamu 3 hin murteesine	223 229

	ammayyatti fayyadamuu ni feetu?		
225	Yoo deebiin lakk 222 eeyyen ta e faffageesitanii dahuuf moo gonkumaa dahuumsa dhaabuuf fayyadamtu?	1 addaan faffageesee dahuuf 2 dahuumsa dhaabuuf 3 hin beekuu	
226	Yeroo ammaa kanattii ega ulfa hi taanee ykn ji a 23 darban keessa hin deenyeeykndeebii kennuuf fedha hin qabnee daa ima biro godhachuu ni feetuu?	1eyyeen nin fedha 2lakkii hin fedhu → 3 hin murteesine	229 229
227	Deebiin lakk226 filannoo 1 yoo ta e da iima itti aanuu dahuuf yeroo hammaamii turuu barbaadduu?	1 woggaa 2 n gadi 2 waggaa 2 n booda → 3 hin murteesine	229
229	Deebiin gaffii lakk 226 filannoo 2 yoo ta e ykn deebiin gaffii lakk.227 filannoo 2 yoo ta e:sababni isin mala karoora maatii ammayyatti hin fayyadamneef maalii naf himu dandeessuu?	Sababa dahumsa waliin wal qabate 1harman hoosisa 2 waan hin dhalleef 3wal qunnamti saala dhiisudhaan 4dafee dafee wq saala gochuurra of Qusachuu 5 gadaamessi operasiooniidhaan waan baheef 6 ijoollee baayee waanan barbaaduuf Fayyadamuurratti komii 7 diidda hirmaattuu 8 diddaa abba warraa 9diddaanama biro 10 amantii tu dhoorka Beekumsa dhaburraan 11 mala kamiyyuu wallaaluu 12 eddo tajaajilaa wallalluu Sababa mala ammayya waliin walitti dhufu 13 rakkina fayyaa 14 miidha inni fidu sodaachurraan 15 argachuu dhabuurran / fagoo ta u 16 gatiin saa qaalii ta u 17 mala filannoo koo dhabuu 18 kan biraaibsi.....	
230	Mala ammayya kana kan fayyadamtan addan faffageessitanii dahuuf moo gonkuma dhala dhaabuf?	1 addaan faaggese dahuuf 2 gonkuma dhala dhaabuuf 3 deebii hin qabu	
	Kutaa 3ffaa Odeeffannoo waa ee beekumsa karoora maatii		
301	Mala karoora maatii ammayyaa dhageessanii beektu?	1 eeyyen 2 hin dhageenye	
302	Eyyeen yoo ta e eessaa		eyye Lakkii

	dhageessaan?	1 raadiyoonirraa 2televisionirraa 3gazeexarraa 4 ogeessa fayyarraa 4 extension fayyarraa 5 kan biraa ibsi.....	1 1 1 1 1	2 2 2 2 2
303	Mala karoora maatii dhiiris tae e dhalaan ulfa hin barbaachifne ittisuuf itti fayyadaman ni beektu?	1 eyyen 2hin beeku		
304	Eeyyen yoo ta e maalfaa beektan?	1Kiniina liqimsamuu/ 2Kan irree keessa awaalamuu/ 3 .Lilme/ Inject able 4.kan hoffaa/gadameesa keessa awaalamuu/ 5 Kondonii 6. Dubartii baqaqsanii maseensuu/ 7. Dhiira baqaqsanii maseensu. 8.qoricha qaama saala dhalaati firfifamu 9. mala uumamaa(Yeroo ulfi uumamu danda utti walqunamtii saalaa dhiisu,.Walumaagalatti wal qunamtii saalaa dhiisuu 99.kan biraa ibsi-----	Eyy 1 1 1 1 1 1 1 1 1 1 1 1	Lakki 2 2 2 2 2 2 2 2 2 2 2
305	Maloota kana argachuun ni danda amaa?	1 eyyen 2 hin danda amu		
306	Eddoon isinis tae e dubarttonni biro tajaajila kana argachuu dandeessan eessa dha?	1. Hospitaala 2. Buufata fayyaa 3. Keellaa fayyaa 4. Dhaabbata fayyaa dhuunfaa 5. faarmaasii 6 suuqii ykn dukkaana 7 kan biraa ibsi	eyye 1 1 1 1 1 1 1	lakkii 2 2 2 2 2 2 2

Kutaa 4 ffaa,Ilaalcha waa ee karoora maatii hammaayya irratti qaban ilaalchisee

lakk		SWG	WG	GG	SWHG	WHG
401	Waa ee karoora maatii sirritti beekuun barbaada					
402	Toofta karoora maatii fayyadamuun maatii					

	gammachuu qabu ni uuma					
403	Mala karoora maatii fayyadamuun sadarkaa jireenya maatii foyyessuuf ni gargaara					
404	Karoora maatii fayyadamuun fayyina haadhas tae e daa iimaaf ni gargaara					
405	Karoora maatii fayyadamuun ijoollee hamma karrorfatan dahuuf ni gargaara					
406	Karoora maatii fayyadamuun du a haadholii ni hiri isa					

SWA.sirritti walii gala, WA.waliin gala,GG.giddu galeessa,SWG. Sirritti walii hin galu,WhG.walii hin galu.

Marii haadha warraa fi abbaa warraa karoora maatiif ilaalchise			
501	Ji oota jahan darban keessatti abbaa warraa keessan waliin waa ee karoora maatii mari attanii beektu	1 eyyeni 2 hin beeknu	
502	Deebiin lakk 501 eeyyen yoo ta e yeroo meeqa mari attan	1 al 1 2 al 2 3 al 3 4 al afur fi sanii ol	
503	Ilaalchi abbaan warraa keessaan karoora maatiitiif qabu maal fakkaata	1 ni deeggara 2 hin deeggaru 3ani hin beeku	
504	Isin karoora maatii akka fayyadamaa jirtanii fi hin jirree abbaan warraa keessa ni beekaa	1 eyyeeni 2hin beeku 3 ani hin beekne	
505	Abbaan warraa keessan mala karoora maatii akka fayyadamuu fi hin fayyadamne ni beektu	1 eyyeen 2 hin beeku 3 ani hin beekne	
Karoora maatii ammaayya itti fayyadamuu ilaalchisee			
601	Mala karoora maatii ammayyaatti fayyadamtanii ni beektu?	1 eyyeni 2 hin beeku	
602	Deebiin lakk601 eyyen yoo ta e mala kamitti fayyadamtanii beektu	1. Kiniina liqimsamuu/ 2.kan irree keessa awaalamu 3.Lilmee 4.kan hoffaa/gadameesa keessa awaalamuu/	

