

**IMMEDIATE POSTPARTUM MODERN FAMILY PLANNING
UTILIZATION AND ASSOCIATED FACTORS AMONG
POSTPARTUM MOTHERS IN KONTA SPECIAL WOREDA,
SOUTHERN ETHIOPIA**

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FACULTY OF PUBLIC HEALTH
DEPARTMENT OF POPULATION AND FAMILY HEALTH

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ABSTRACT

Background: Postpartum period is an ideal time to deliver interventions that improve the health and survival of mothers, particularly regarding family planning service provision. Because, most couples start having sex earlier and needs focusing attention on the prevention of unintended and closely spaced pregnancies. Therefore, it is better to initiate contraception in the immediate postpartum period.

Objectives: To assess immediate postpartum modern family planning utilization and associated factors among postpartum mothers in Konta Special Woreda, Southern Ethiopia.

Methods: Facility-based Cross-sectional study design was conducted from March 19- May 10, 2020, by face-to-face interview of 233 consecutive study participants, in three randomly selected health facilities found in the Woreda. For collection of the data structured, pretested and interviewer administered questionnaires was used. Epi-Data was used for data entry and Statistical Package for Social Science for analysis. Descriptive analysis, binary and multi-variable logistic regression analysis methods were used. Strength of association was determined by odds ratio at 95% confidence interval. Significant level less than 0.05 was used to declare the significance.

Result: Two hundred thirty-three postpartum women were included in the study, yielding a response rate of 100%. Immediate Postpartum modern family planning use within 48 h of delivery was 35.2%. Implants, IUCDs, pills and condoms were among methods utilized. Educational status of husbands (AOR =7.264, 95% CI=1.817-29.041), occupation of women (AOR=0.266, 95% CI=0.085-0.838), hearing about the method from relatives. Immediate Postpartum modern family planning from relative (AOR= 0.081, 95% CI=0.038-0.215), knowledge about the methods (AOR=0.132, 95% CI=0.040-0.438) and future desire of pregnancy (AOR=37.906, 95% CI=8.886-161.702) were significantly associated with Immediate Postpartum modern family planning utilization in multivariable logistic regression at confidence level of 95%.

Conclusion and Recommendation: Most of the respondents did not use the recommended modern family planning in the immediate postpartum period. So that, governmental & non-governmental organizations working on MCH, at all corresponding level, need to undertake effective and appropriate to create awareness on IPPMFP utilization at all level of health facilities, in collaboration with health care workers.

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ACRONYMS AND ABBREVIATIONS

ANC	Antenatal Care
DHS	Demographic Health Survey
EDHS	Ethiopia Demographic Health Survey
FP	Family Planning
IPPMFP	Immediate Postpartum Modern Family Planning
IPPP	Immediate Postpartum Period
IUD	Intra Uterine Device
KAP	Knowledge, Attitude and Practice
KSW	Konta Special Woreda
LARC	Long-Acting Reversible Contraceptive
LMIC	Low- and Middle-Income Country
LTPC	Long Term and Permanent Contraceptive
PI	Principal Investigation
PNC	Postnatal Care
PPFP	Postpartum Family Planning
PPIUCD	Postpartum Intra Uterine Device
PPLARC	Postpartum Long-Acting Reversible Contraceptive
SNNPR	South Nation Nationality People's Region
WHO	World Health Organization

CHAPTER ONE: INTRODUCTION

1.1 Background

Family planning is the voluntary planning by individuals/couples to have/anticipate their desired number of children they want when they want, that can be achieved with contraceptive methods or the treatment of involuntary infertility (1). Family planning (FP) is significant throughout reproductive life of an individual and couple. Postpartum family planning (PPFP) services start from labor and delivery (pre-discharge) focusing attention on the prevention of unintended and closely spaced pregnancies. This is public health concern through the first 12 months following childbirth (2,3).

Postpartum period is the time that is considered as an ideal time to deliver interventions that improve the health and survival of mothers, particularly regarding family Planning (FP) service provision. Because, most of postpartum mothers resume early sexual intercourse (3,5), which could be at any time the perineum is comfortable and when bleeding has diminished (6). Even if the timing of the return of fertility after childbirth is variable and unpredictable, women may be at risk of getting pregnancy before the return of menstruation (7) as ovulation and, therefore, pregnancy can occur before menstruation resumes. And some couples start to have sex before 6 weeks (7), and, some, as early as 3 weeks (8), after birth of the baby. This shows that provision of immediate postpartum family planning (IPFP) has of paramount advantages.

Immediate postpartum modern family planning (IPPMFP) means offering contraceptive counseling and services as part of facility-based care, within/up-to two days of childbirth, prior to discharge from the health facility (4). This is needed because postpartum women are among those with the greatest unmet need for FP. Yet they often do not receive the services they need to support longer birth intervals or reduce unintended pregnancy and its consequences (2).

As consultation convened by the World Health Organization (WHO), after a live birth, the suggested gap before trying the next pregnancy should be a minimum of 24 months (2). This is imagining reducing the risk of unfavorable maternal, perinatal, and infant outcomes. So that, to overcome these inconducive outcomes it would be better to offer IPPMFP at the immediate postpartum period (IPPP).

For Africa, to support the demographic dividend, the promotion of modern family planning is one of the key initiatives that have been identified as a major policy action (9). Giving modern contraception services as part of care during childbirth in the immediate postpartum period is likely to reduce both unintended pregnancies and pregnancies that are too closely spaced (10).

Many (about 58 million) women in Sub-Saharan Africa were in need of avoiding pregnancy. However, about 91% of them experienced unintended pregnancy. Because, they were not using modern family planning or were using natural/traditional methods (11), which have higher failure rate in postpartum setting/in the period following delivery, especially for those women with irregular menstruation, than observed in typical users (20-30%) (12).

For many of these, Sub-Saharan African, women too short intervals between pregnancies were observed (13), as about one-third of Ethiopian postpartum mothers resumed sexual intercourse at 3-week of postpartum period (14). So that, facility-based childbirth services offers an ideal platform to reach women and their partners with family planning information and services, provided women's right to make a full and informed choice are respected (4).

In Ethiopia, modern family planning service started in the second half of the 20th century, with the establishment of the Family Guidance Association of Ethiopia (FGAE) (1). Although FP services, in Ethiopia, are integrated into Maternal and Child Health care's, and given at all level of health care deliveries, the overall uptake of modern FP is still only 41% (15), in which it was unknown at the IPPP. And when we see its utilization at the extended period after delivery, it has varied prevalence in different parts of the community. For instance, 23.9 % in Hadiya Zone (16), 41.5 % in Bale Zone (17), 21.6% in Sidama Zone (18). The demographic and health survey (DHS) taken from SNNPR (South Nation Nationality People's Region) shows that only 32% of women get a postnatal checkup during the first 2 days after birth (15). Studies regarding both immediate postpartum contraceptive use and associated factors are limited and done only in some parts of Ethiopia (18,38). And these studies were not included all possible methods available for postpartum mothers at the IPPP, and absent, particularly, in the study area. Thus, this study aimed to investigate immediate postpartum modern contraceptive use and associated factors in Konta Special Woreda increase its practice.

1.2 Statement of the problem

Globally, more than 90% of women are in need of avoiding future pregnancies, but 1 in 7 of them are in short of family planning methods (19). Among unintended pregnancy happening worldwide, about 63% would be averted annually, by satisfying the family planning unmet need of the women (20). An interval of 2 years apart between pregnancies can prevent about 33% of maternal mortality and around 10% of deaths among babies; because, the risk of child mortality is highest for very short inter-pregnancy intervals, so that PPF service is crucial in saving lives (19), especially if provided in IPPP (21).

In the United States of America, among women gave birth vaginally, those requested for sterilization, but discharged without receiving the service, about half /47percent/ of them, became pregnant within a year of delivery (22). This shows that, it is difficult to return back to health facility for family planning utilization in the extended postpartum period. So that, it needs to focus attention on providing family planning methods in the immediate postpartum period.

The WHO advocates PPF as a very essential component of health care that has the potential to meet women's desire for contraception, which in turn saves millions of maternal and infant lives in low- and middle-income country (LMIC) (2). Because, about half of non-first births among women living in LMIC occur at shortest inter-pregnancy intervals, as a result of missed opportunities for family planning (10).

Unintended pregnancies which is about 35%, especially among women in the third world and poor individuals, are associated to increased health problems that giving raise high number of mortality both in mothers and neonates (20). Consequently, about 30 million unplanned births and 40 million abortions, which almost half ended with illegal and unsafe procedures, occurred annually in this region of the world (23). This might be due to not to either use or no offering to use (24) family planning.

It looks possible to reduce maternal deaths by 7–35% by keeping minimum the number of children per woman. But, what makes it difficult is that pregnancy can occur within earlier days before expected period if woman does not use any modern family planning method during this period (25). So that, provision of IPPMFP is necessary in preventing unintended pregnancy. Because ovulation may occur as early as 25 days after postpartum (26). And as more than half of women

have resumed sexual activity after delivery (3), pregnancy will most probably occur before 6 weeks after birth of the baby (7).

Regarding the necessity of modern family planning provision in the IPPP, a prospective observational study done in Colorado (one state of America) by comparing “immediate postpartum implant (IPI) insertion” with “standard contraceptive initiation” at different time of interest indicated that pregnancy rate is higher in those who did not choose IPI insertion. Showing the rate of occurrence of pregnancy at 6, 12, 24, and 36 months 9.9%, 20.1%, 46.5%, and 83.7%, respectively in the mentioned months in those who refuse to use (27), confirming that the risk of being pregnant increases in the period following IPPP (10).

As sometimes breastfeeding may be considered as one type of modern family planning (15), mothers may rely on that it, only, can protect them from pregnancy. However, for breastfeeding to be effective, the mother must fully or nearly fully breastfeed her infant/s (28). One study done in Taiwan showed that about only half of infants less than 2 months, and less than one-third of infants at 2 months exclusively breastfeed (29). The rest not breastfeeding exclusively, showing that about half of the mothers are not protected from pregnancy by lactation amenorrhea methods (LAM). Exclusive breastfeeding in Ethiopia showed that it has good progress, from 49% in 2011 (30) to about 59%, up-to the end of 2017 (31), but still less than globally recommended, as shown by systematic review done in Ethiopia. For example, in South-west part of Ethiopia about two-third of infants of age less than 2 months, one-fourth of infants of age 3-4 months, and about less than 10% of infants at age >4 months feed breast milk exclusively (32). This indicates that it is necessary to provide modern family planning methods other than breastfeeding for postpartum mothers to keep them safe from unintended pregnancy.

The effectiveness of standard days methods is up to 95% in the first year, if used correctly and consistently, but it needs to delay this method, after childbirth (whether or not breastfeeding) until the woman has had 4 menstrual cycles and the last one was 26–32 days long (33). Therefore, it seems difficult to rely on it in the immediate postpartum period.

A clinical trials regarding immediate postpartum contraceptive implant utilization identified that there is no difference in time to lacto-genesis in women who received it immediately after birth within 48hr of delivery (26) even if medical eligibility criteria /MEC for contraceptive categorizes immediate postpartum uses of implant as category II, for breastfeeding mothers for the first few

days (34). Consequently, it is very important to initiate contraception in the postpartum period to avert the tragic maternal and child morbidity and mortality.

In Ethiopia, there is a scarcity of information and evidence on IPPMFP utilization. Therefore, this study is aimed to assess the utilization of immediate postpartum modern family planning and associated factors with utilization of the methods.

1.3 Significance of the study

Factors hindering postpartum mothers from utilizing immediate postpartum modern family planning were identified. So that, these factors will inform government, family planning programmers, and other stakeholders like clinicians in developing strategies to reduce short inter-pregnancy intervals. This will also help, indirectly, to increase utilization of family planning in the period following delivery for the health benefit of both the mothers and children, and give ideas, which helps to develop strategies to improve contraceptive service provision amongst postpartum mothers. It would also serve as literature for scholars/researchers who interested/working in the field. As a result, it would be possible to tackle the consequences of unintended and shortly spaced pregnancies.

CHAPTER TWO: LITERATURE REVIEW

2.1 Prevalence of Immediate Postpartum Modern Family planning

A huge number of women in developing countries want not to become pregnant in the first year following birth, but unmet need within those mothers who are at risk to be pregnant is higher than in those women who did not give birth recently. It is estimated about two-third of women in the extended postpartum period are in short of contraceptive (10,35,36), while offering contraception in the immediate postpartum period, i.e. before discharge from the health facility (2), plays a pivotal role in tackling closely spaced pregnancies and short inter-pregnancy intervals (10).

However, there are also studies that showed improved postpartum contraception utilization, relatively to LMICs, which either could be in the immediate or extended period. For instance, a study done in Bangkok showed that postpartum LARC use was about three quarters (73.7%) in those members who had been counseled for contraception use in immediate postpartum period (21).

Studies also revealed that, nearly half of postpartum mothers use implant in Kenya (37), and long-term and permanent contraception (LTPC) in Ethiopia in the period following delivery before leaving the delivery ward (38). It has also surveyed that, overall, 41% of currently married women are using family planning, with 40% modern methods and 1% is using traditional methods, in Ethiopia (15).

The practice of exclusive breast-feeding in Ethiopia is around 59%, which is significantly lower than the global recommendation (31). But relatively looks better utilization in Ethiopia in contrast to other type of modern contraception like IUD, which is about 12.4% (39) to 21.6%.

Nevertheless, when we come to different studies performed on community based it has relatively higher prevalence than that has done on facility based. For instance, about 48% of postpartum mothers used postpartum modern family planning in the extended period of postpartum, in Northern Ethiopia (14). This is also nearly about three-fourth (72.9%) in Hosanna (40).

2.2 Factors associated with Immediate Postpartum Modern Family Planning Utilization

2.2.1 Socio-demographic Factors

Among many reasons why women do not use effective contraception during the postpartum period are socio-cultural factors and gender norms (4), like age, sex, marital and educational status and etc. For instance, being from lower educational level hinder the mothers from utilizing modern family planning resulting in higher (37.3%) risk of exposure to unintended pregnancy than being from higher educational level (19.0%) (24). Study done on postpartum family planning utilization in Burundi and Rwanda showed that educational status, (both primary and higher education) of the participants of both countries has shown significance (41).

Nevertheless, one Kenyan study shows that educational level of the mothers does not associated with immediate contraceptive implant uptake (42). Higher educational level can also reduce the unmet need for family planning, which ranges from one-fifth to more than half in LMIC (43). However, another study shows that mothers' education level did not influence implants uptake (44).

Additional year increase in the age of woman also significantly associated with reduced odds of utilization of PPF (41). The review done on all published manuscripts regarding the use of LARC (intra uterine devices and Implants) currently in production found that older age are more likely to utilize (42,43).

In the study done in Bale Zone, postpartum IUCD utilization had significantly related to the level of education of the mothers in the postpartum period. Which is supported by Ethiopia demographic and survey of 2019, which showed that about more than half of women with more than secondary education are using any contraceptive method compared with one-third of women with no education (15,39). A study performed in Addis Ababa showed that those women who had secondary school education are more likely to use LTPC (38), and other type of modern contraceptive methods in Hossana (40) compared to those with no education.

The survey done in Ethiopia showed that urban women of the country are much more likely than their rural counterparts to use any method of contraception (38).

It has been also studied that religious beliefs are directly associated with non-utilization of immediate postpartum family planning (39,41).

Marital status of mothers can also affect their immediate postpartum utilization of modern family planning, even if different studies showed different results. For instance, one study showed that marital status, being married has significant association with IPPMFP utilization (42), while the other one came up with that it has no association with IPPMFP uptake (44).

2.2.2 Obstetric Characteristics

A recent 10-year study of maternal mortality in 46 countries found that the risk of maternal death increases as the number of children per woman rises to four or more (2). A 52-country DHS survey showed that children born within a shorter inter-pregnancy after a sibling have a 60% increased risk of death at less than one year of age compared to those born three to five years after another child (45).

A study done on immediate postpartum use of LARC in LMIC shows that, women, in Pakistan, who had delivered in facility, received information about birth spacing are more likely to use postpartum contraceptive (43).

A facility based study performed in India showed also that utilization of family planning method found more in women of high parity (46). Studies showed that, those participants who reported that they did not want to have more children were more likely to accept the contraceptive implant(42), which is almost the same with performed survey in Ethiopia showing desire to limit future pregnancy significantly associated with contraceptive utilization (15).

Those who planned for the current pregnancy and those who have plan to use family planning in the future were more likely to accept contraceptive implant (42), in the immediate postpartum period, in Kenya. However, Ethiopia mini DHS showed that women with no living children (28%) and those with five or more children (32%) are less likely to use any method of contraception compared with those who have 1-2 children (54%) or 3-4 children (44%) (15).

Regarding mode of delivery, it has been shown that it has no any association to utilize postpartum contraception in Kenya (42). However, it is significantly associated in Ethiopia, showing those mothers who gave birth vaginally were more likely to use postpartum contraceptive methods (38).

Spouse approval was also positively associated with increased uptake of postpartum implants (42). This is also supported by study performed in eastern Ethiopia, which stated that discussion with partner regarding contraceptive utilization was among factors significantly associated (59).

Attending ANC during their last pregnancy is more likely to initiate to utilize family planning methods in the time following delivery on time than those who have never attended ANC follow up during their last pregnancy (17,43,47). Skilled antenatal cares, which help in reducing maternal mortality and morbidity (15), are significantly associated with postpartum family planning usage. But, no significant relationship observed between postpartum contraceptive use and skilled delivery or postnatal care in Ethiopia (48).

2.2.3 Knowledge of FP

The study performed in Kenya showed that mothers with prior knowledge of implants were more likely to accept postpartum implants (44). Even though, a study performed by other scholar of Kenyan, identified that women, whether they have or no awareness of family planning before does not associate with postpartum FP utilization (42). Getting information about the possibility of immediate insertion of IUD after delivery showed significant association with its postpartum utilization in Ethiopia (39). Which is supported by a study performed on immediate postpartum long acting reversible contraceptive utilization that indicated being exposed to information about family planning services via the media, prior use of contraceptives and partner involvement in the process of decision-making regarding FP usage had associated significantly with PPLARC utilization (43). It showed that those women experienced problem with previous contraceptive use was negatively associated with modern contraceptive use (14).

However, when we come to Ethiopia, knowledge of contraceptive methods is almost universal, with 99% of currently married women and men age 15-49 knowing at least one method of contraception. The most often mentioned source of information on FP messages is conversation. While radio, television and printed materials quoted as sources, and using of new technologies was limited (15). The health care workers, media and friends are important source of information about family planning methods (46). Chance of unintended pregnancy reduces about by half for those women who have knowledge of their unsafe period/ovulation time (49).

2.2.4 Attitude toward FP

A study performed in India showed that some of the respondents replied that the use of contraceptive methods is against nature (46). Fear of side effect is also among reasons for not use LTPC methods in Addis Ababa (38). A study done in Aroressa on timely initiation of PPC find out that attitude of the respondents towards the benefits of contraceptive utilization said to be negative (47). It is also possible to see that some respondents agreed that insertion & removal of IUCD is very sore; they had fear of loss of privacy during insertion, and they anticipated using IUCD limits their normal doings (39).

2.2.5 FP Counseling assessment

A counsel provided regarding FP as part of childbirth care raises awareness of the importance of birth spacing and postpartum contraceptive options (4), because having knowledge of contraceptive alone cannot prevent consequences of not using family planning methods. Studies had showed that about three-fourth of those mothers counseled immediately after birth used LARC as postpartum contraception. However, only less than half of those not counseled used LARC in the immediate postpartum (21). As there are many misconceptions regarding LARC utilization, it is necessary to counsel our clients to address them (27). It showed that lack of prenatal counseling may leave women at risk of unintended pregnancy, gap of knowledge on safety and efficacy of contraceptives, and also leave the women short of proper information regarding return of fertility as a result they will not be motivated to start family planning methods during postpartum period (50).

A survey from New York City also showed that women counseled either during the time before or after delivery, or both periods said to utilize more effective family planning methods when compared with those women who did not get counseling in the mentioned period (51). The study performed in Northern Ethiopia also shows that the use of modern contraceptive during the postpartum period is associated significantly with counseling on FP during ANC and PNC (14). Because, counseling limited to one encounter (i.e. only during ANC or PNC) is unlikely to affect behavior (52).

2.3 Conceptual Frame Work

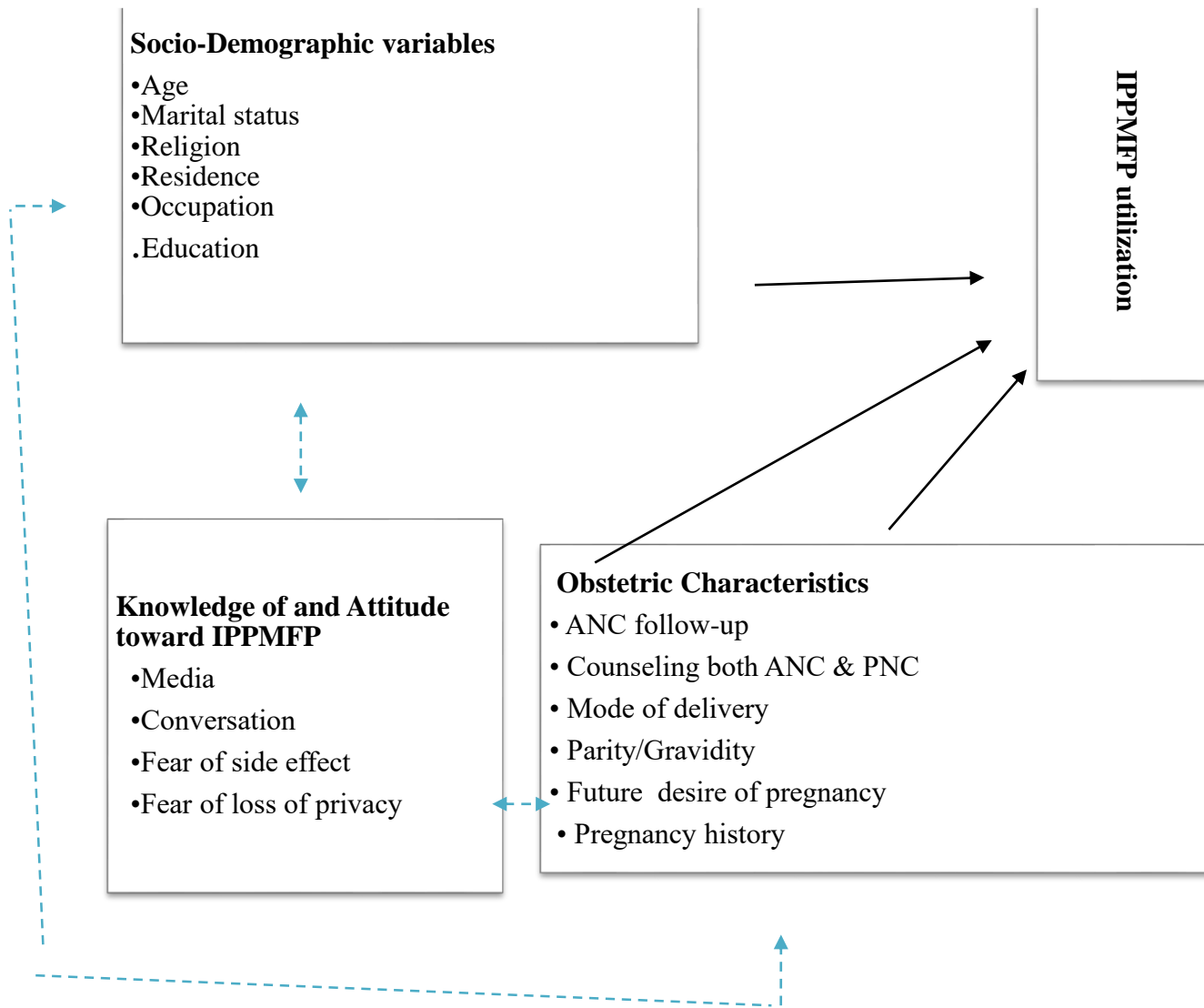


Figure 1: Conceptual Framework of prevalence IPPMFP utilization and associated factors among postpartum women in KSW, South Ethiopia, 2020 (Source: Adapted by reviewing different literatures (18,38,39,48))

←- - -> = the relationship between independent variables

→ = the relationship of independent variables with dependent variable

CHAPTER THREE: OBJECTIVES OF THE STUDY

3.1 General objective

- To assess prevalence and factors associated with immediate postpartum modern contraceptive utilization among postpartum mothers in Konta Special Woreda, South Ethiopia, 2020.

3.2 Specific objectives

- ✓ To assess the prevalence of immediate postpartum modern contraceptive utilization among immediate postpartum mothers in Konta Special Woreda, South Ethiopia, 2020
- ✓ To identify factors associated with immediate postpartum modern contraceptive utilization among immediate postpartum mothers in Konta Special Woreda, South Ethiopia, 2020

CHAPTER FOUR: METHODS AND MATERIALS

4.1 Study Area and Period

4.1.1 Study Area

Konta Special Woreda is one of the special Woredas found in the SNNPR. It is located about 450 Km away from Addis Ababa on the way to Jimma town. The total population of the district for 2019 was about 124,932 of which 60,842 (48.7%) and 64,090 (51.3%) were males and females respectively. A population belonging to the Konta ethnic group mainly inhabits Konta Special Woreda. The district has four urban and 42 rural kebeles, with 46 kebeles (lowest administrative unit) totally. The Woreda has 1 public primary hospital, 3 health centers, 42 health posts, and 3 private primary clinics and 3 pharmacies.

4.1.2 Study Period

The study was conducted from March 19 - May 10, 2020, in the Woreda

4.2 Study Design

Facility-based cross-sectional study design was employed.

4.3 Population

4.3.1 Source population

- All postpartum mothers who gave birth and being served in health facilities found in Konta Special Woreda during the study period.

4.3.2 Study population

- Study participants were all consecutively selected postpartum mothers in the postnatal wards of selected public health facilities (the health facilities included were Ameya primary Hospital, Chida and Kirara health centers), who gave birth in the facilities and taking services within 48hrs, and before their discharge.

4.3.3 Study Unit

Individual mother

4.3.4 Eligibility Criteria

Inclusion Criteria

- Mothers who delivered in selected health facilities under study, and being served in delivery ward within 48hrs, during the study period were included in the study.

4.4 Sample Size determination and Sampling Techniques

4.4.1 Sample Size determination

Sample size was calculated using single population proportion sample size estimation formula, $n = \frac{z^2 * p(1-p)}{d^2}$; where n- sample size; P- proportion; 1.96 and 95% was used for Z and confidence interval, respectively.

Then, Since the PPMFP rate during the IPPP in Konta Special Woreda is unknown, the prevalence of PPIUD utilization in the immediate post-partum period, 21.6% from study done on Mothers delivered at Public Health Facilities of Sidama Zone (18), with margin of error of 5% was used.

This study was selected because there were no studies performed in near radius, even though the socio-demographic background of the study participants differs from each other.

Then, by substituting each value into the single population formula, a sample size of 260 immediate postpartum women was included in the study. However, since the total population was <10,000, correction formula employed. Finally, by adding 10% non-response (53), I came up with a final sample size of 233.

$$n = \frac{1.96^2 * 0.216(1-0.216)}{0.05^2}$$

n = 260 since the source population (N) less than 10,000 = 1173, so that, correction formula was applied

$n_f = \frac{n}{1+n/N}$ then, substituting each value into corresponding place,

$$n_f = \frac{260}{1+260/1173} \sim 213$$

By adding 10% for non-respondent, $213+213*10\%$, n will finally be 233. This is for the first objective.

Using online sample size calculator formula, for the second objective, n was 143 using an overall prevalence of 12.4% study done on acceptability and factors associated with post-partum IUCD use among women gave birth at Bale zone health facilities, East-Ethiopia, which became 157 following adding 10% contingency for non-respondents, 157 participants was prepared to take part in the study. Sample size for each health facility was allocated proportionally.

The sampling interval was determined by dividing the number of average monthly delivery services by its sample size.

Table 1: Sample size determination to assess the immediate postpartum modern family planning utilization and associated factors in postpartum mothers in Konta Special Woreda Southern Ethiopia, 2020

obj ecti ves	Variables	Prevalence	D	Z _{$\alpha/2$}	n	After using correction formula	NRR (10%)	Final n	Refer ence
1 st	Mothers utilizing IPPMFP in the immediate period	21.6%	0.05	1.96	260	213	20	233	(18)
2 nd	Acceptability and factors associated with PPIUCD	12.4%	0.05		143	-	14	157	

4.4.2. Sampling Technique

Data on number of deliveries from each health facility was collected to know the average number of deliveries of last quarter, immediately before the study. The number of study units to be sampled from each facility was determined using proportional allocation to size and Convenience sampling technique was employed to select and approach each study subjects. Consecutive woman was included in the study until the allocated number of study subjects for each facility was reached. If the selected study subject agreed be interviewed but did not, she was considered as non-

respondent. Starting from the first day of data collection all mothers coming to selected health facilities, the facilities were selected according to WHO guideline of facility selection (55), were included in the study.

4.5 Data Collection Tool and Technique

Nine health professionals were included in the process of data collection, as long as the three health facilities were involved in the study, six data collectors (midwives/diploma) and three supervisors (BSC Nurses). Data were collected using interviewer administered structured questionnaire by face-to-face interview of the study participants, which was adapted from different reviewed literatures that are related to IPPMFP utilization (17,18,38,48). Trained health professionals conducted the interviews.

4.6 Study variables

4.6.1 Dependent Variable

- Immediate postpartum modern family planning utilization

4.6.2 Independent Variables

Socio-Demographic Factors

- Age
- Religion
- Education
- Residence
- Marital status
- Occupation

Factors of Knowledge of FP

- Conversation
- Media

Obstetric Factors

- ANC follow-up
- Mode of delivery
- Parity

Attitude towards IPPMFP

- Fear of side effect
- Fear of loss of privacy

Counsel

- Prenatal counsel
- Postnatal
- Both during ANC & PNC

4.7 Operational Definitions and Definition of Terms

Immediate postpartum: Issues pertain to the mother immediately following delivery (up-to 2days) regarding use of contraception (56).

Modern family planning: Modern methods include female sterilization, male sterilization, the intrauterine contraceptive device (IUD), implants, injectables, the pill, male condoms, female condoms, emergency contraception (57), standard days method and LAM (15).

Immediate postpartum modern family planning: Any type of modern family planning offered to postpartum mother within/up-to 2 days of delivery (4), like Implants, IUCDs, Condoms, POP.

Acceptance of IPPMFP: Those mothers accepted IPPMFP as a contraceptive method, but refused the actual immediate use, starting from the post-placental period up-to 48 hours of delivery.

Knowledge of IPPMFP: A mother who answered “yes” for the tools prepared to assess knowledge of IPPMFP methods. She was considered as having a “**Good Knowledge**”, if she responded correctly above Mean score for Knowledge related questions, otherwise poor knowledge.

Utilization of IPPMFP: Who accepted any one of IPPMFP as a method of family planning and started actual use following the delivery up to the next 48 hrs.

Gynecologic and/or obstetric problems: Those mothers with Intra uterine infection, active STD or other lower genital tract infection. Unresolved postpartum hemorrhage or postpartum uterine atony, extensive genital trauma and PID were considered as gynecologic and/or obstetric problems.

Good Attitude: respondent was labeled to have “good attitude” if she would answer mean and above correctly for the questions designed to assess attitude. Unless, she was labeled as having “poor attitude”

Health Facility: Hospitals and Health Centers

4.8 Data quality management

The interviewer administered structured questionnaire was written in English language, and translated to Amharic for the purpose of data collection. In addition, the Amharic version questionnaire back translated into English to check for consistency. Before the actual data collection, questionnaire was pre-tested on 5% of n (12 postpartum women), up on those who gave birth in Mecha health center, which is located in Kefa Zone Adiyu Kaka Woreda, for necessary amendment and corrections. Mecha, which is about 12km from Konta Special Woreda, was selected to ensure clarity, wordings and logical sequence of the questions with postpartum women supposed to have similar sociodemographic characteristics with people of the study area.

Data collectors and supervisors took training on the study objectives, data collection tool, and approach to the interviewees, details of interviewing techniques, respect and maintaining privacy and confidentiality of the respondents for about 2 days and half. In addition, supervisors trained about processes for supervision of all filled questionnaires for completeness and consistency on daily basis.

4.9 Data Processing and Analysis

Data was entered into Epi-Data version 3.1, statistical software, and exported to SPSS version 23 for further analysis. The description of study variables took place by Frequency tables, graphs, and descriptive summaries. Logistic regression analysis method used to select candidate variables for multivariable analysis; and multivariable logistic regression analysis method to control the effect of confounding variables and to identify factor/s that were associated with IPPMFP utilization. Strength of association was determined by odds ratio at 95% confidence interval. Declaration of significant association was at significant level less than 0.05.

4.10 Ethical Consideration

I obtained research ethical approval from Institutional Review Board of Jimma University. I took formal letter from Konta Special Woreda Health Office and respective health facilities. The data collectors took written informed consent from each study participant. Participants of the study were guaranteed with the right to withdraw from the study at any point. Questionnaire was coded, and names of patients were not used. Data collectors told the participants, that their privacy and confidentiality would be safeguard throughout the course of the study.

4.11 Dissemination Plan

Findings of this study will be presented to Jimma University Department of Population and Family Health, and then Konta Special Woreda Maternal and Child Health office and other concerned governmental and nongovernmental organizations working on Maternal and Child Health. Adjustment of conditions will be done to present findings in various seminars and workshops, and for publication on peer reviewed reputable journal.

CHAPTER FIVE: RESULT

5.1 Socio-demographic Characteristics

All 233 sampled study subjects were participated in the study making the response rate 100%. The mean age of respondents was 29.02 year with SD of ± 6.58 years. Majority 116 (49.8%) of the participants were found in the age group of 25-34. All (100%) of them were married. One hundred six (54.5%) of study subjects were rural dwellers. One hundred eight (46.4%) of the respondents were not attain school, with 33.5% of their husbands so do. By religion, much more than half (62.2%) were protestant. By occupation 164 (70.4%) of the respondents were homemaker. Coming to the occupation of husbands, 120 (51.5%) and 30% of them were farmers and employee (either government or self-employee), respectively. In addition, about half (53.6%) of the respondents were within less than one-hour radius from corresponding health facilities (*Table 2*).

Table 2: Socio-demographic characteristics of women who gave birth at the study health facilities in Konta Special Woreda, Southern Ethiopia, March - May 2020 (n=233)

Socio-demographic characteristics	Number	Percent (%)
Age(year)		
✓ 15-24	61	26.2
✓ 25-34	116	49.8
✓ 35-45	56	24.0
Education status of the Respondents		
▪ No Education	108	46.4
▪ Primary Education	56	24.0
▪ Secondary	42	18.0
▪ College and Above	27	11.6

Education status of the Respondents' husbands		
• No Education	78	33.5
• Primary Education	73	31.3
• Secondary Education	41	17.6
• College and Above	41	17.6
Occupation of the Respondents		
○ Homemaker	164	70.4
○ Employee	31	13.3
○ Student	4	1.7
○ Merchant	34	14.6
Occupation of the Respondents' husbands		
✓ Farmer	120	51.5
✓ Employee	70	30.0
✓ Student	4	1.7
✓ Merchant	39	16.7
Residence		
➤ Rural	127	54.5
➤ Urban	106	45.5
Religion		
▪ Protestant	145	62.2
▪ Orthodox	88	37.8
Family size		
○ 1-2	110	47.2
○ 3-4	108	46.4
○ ≥5	15	6.4

5.2 Reproductive history and Use of Family Planning

In this study, among the total women participated, 110 (47.2%) had history of more than three pregnancies. About 98 (42.1%) of them had two to three ANC follow-up at health post. About 32 (13.7%) of the respondents said that they got their pregnancies were unintended. About 108 (46.6%) respondents gave birth of 1-2 children. Nearly all 222 (95.3%) of them gave birth by spontaneous vaginal delivery. One hundred ninety-eight (85.0%) of the respondents wanted to get pregnant in the future. About 206 (88.4%) of the respondents had used contraception before. The methods used consistently/frequently, in this study participants were Depo-Provera (57.3%), followed by implants and pills. Among those mothers who ever used family planning in the previous time, 62.7% of the them responded that they decide together with their husbands whether to use family planning (*Table 3*).

Table 3: Obstetrics characteristics of women who gave birth at Konta Special Woreda health facilities, South Ethiopia, March – May 2020 (n=233)

Characteristics	Categories	Number	Percent
Gravidity	1-2 children	108	46.4
	3-4 children	110	47.2
	5 and above	15	6.4
ANC Visits	One Times	19	8.2
	Two to Three Times	104	44.6
	More than Four	105	45.1
	No ANC Follow up	5	2.1
Place of ANC visit	Hospital/Health Center	131	56.2
	Health Post	98	42.1
Status of current pregnancy	Wanted	201	86.3
	Unwanted	32	13.7
Delivery status/Current Birth	Alive and with Mother	231	99.1
	Alive and Referred to NICU	2	0.9
Contraceptive use before	Yes	206	88.4
	No	27	11.6
Which type?	Depo-Provera	118	57.3
	Implants	61	29.6
	Pills	27	13.1
Who decide to use FP	Wife	29	12.4
	Husband	31	13.3
	Both Wife and Husband	146	62.7
Prefer breastfeeding	Yes	232	99.6
	No	1	0.4
Future Desire of Pregnancy	Yes	198	85
	No	7	3
	Not Decided	28	12

5.3 Knowledge of Mothers About IPPMFP Utilization

Majority of study participants (78.1%) have ever heard about IPPMFP as a contraceptive method, and 98.7% of them responded that it was necessary to have knowledge about IPPMFP. Among those participants who have ever heard about IPPMFP as a contraceptive method, more than three-fourth of them thought that it could be used as contraception, while rest of them did not know whether it could help for this purpose. Much more than three-fourth (88.8%) of the respondents heard that, it is possible to insert implants within 48hrs of delivery. In addition, about 62.7% and 17.6% of the respondents have heard about the possibility to use IUCDs and Pills, respectively, while about 10.7% and 9.9% of them had known the possibility of using Condoms and sterilization immediately after delivery, respectively. IPPMFP can be used for pregnancy spacing, limitation and prevention of unintended pregnancy, for 94.4%, 89.7% and 84.1% of the respondents, respectively.

Devices such as IUCD/implant helps for spacing (94.4%) and limiting (89.7%), immediately reversible (94.4%), IUCD could be put in the uterine (88.4%), has no risk of getting sexually transmitted infections (82.8%) and has no interference with sexual intercourse (86.3%) were highly rated. About 70.9% of participants scored above the mean score and considered as having good knowledge; while 29.1% scored below the mean score, and considered as not having good knowledge (*Table 4*).

Table 4: Knowledge of IPPMFP utilization among women who gave birth at Konta Special Woreda health facilities, South Ethiopia, March - May 2020 (n=182)

Variables	Category	Number	Percent
Ever heard IUCDs/implants can be inserted immediately after delivery	Yes	129	70.9
	No	53	29.1
IPPMFP prevents unintended pregnancy	Yes	163	89.6
	No	19	10.4
IUCD is FP method that can be put into uterine	Yes	175	96.2
	Do not know	7	3.8
IPPMFP limits pregnancy	Yes	174	95.6
	No	8	5.4
IPPMFP for spacing pregnancy	Yes	179	98.4
	No	3	1.6
IUCD has no high risk of getting STIs	Yes	162	89.1
	No	1	0.6
	Do not know	19	10.3
IUCD has no interference with sexual intercourse	Yes	171	94
	No	5	2.8
	Do not know	6	3.3
IUCD/Implant is immediately reversible	Yes	180	98.9
	Do not know	2	1.1
IPPMFP cannot cause cervical cancer	Yes	158	86.9
	Do not know	24	13.1
Overall IPPMFP knowledge level	Having a good knowledge	165	90.7
	Not having a good knowledge	17	9.3

Regarding FP information sources of the respondents for most of them, healthcare workers or health facilities were the leading source about any type of family planning methods, followed by relatives. The number of those participants responded yes was indicated by the figure below (fig.1).

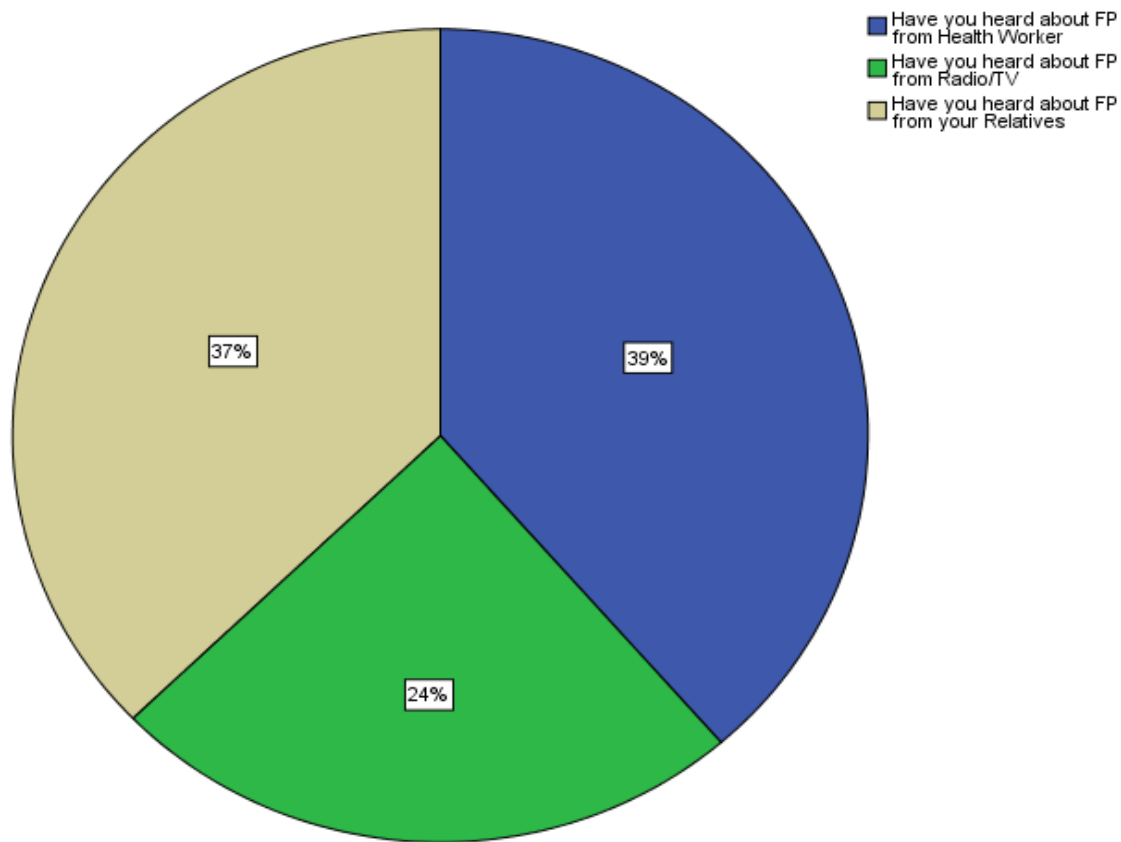


Figure 2: FP information Source of the Respondents

5.4 Attitude of Mothers towards IPPMFP Utilization

Regarding the attitude of participants towards the use of IPPMFP, they agreed that insertion & removal of LARC is highly painful (8.8%), while about 12.7% of them do not know whether it was painful. Using IPPMFP cause irregular bleeding for about 13% of the respondents, while about 14% of them do not know whether it cause irregular bleeding.

About 64.8% of participants scored above the mean score, and considered as having a good attitude, while the rest scored below the mean score, and were considered as not having a good attitude (*Table 5*).

Table 5: Attitude of women towards IPPMFP utilization among those mothers who gave birth at Konta Special Woreda health facilities, South Ethiopia, March - May 2020 (n=182)

Variables	Category	Number	Percent
Insertion & removal of LARC is highly painful	Yes	16	8.8
	No	143	78.6
	Don't know	23	12.7
Insertion of LARC cause to loss privacy	Yes	2	1.1
	No	175	96.1
	Don't know	5	2.8
IPPMFP may impair future fertility	No	175	96.2
	Do not know	7	3.8
Using IPPMFP is shame	Yes	2	.9
	No	179	98.4
	Do not know	1	1.6
Using IPPMFP could affect cultures	No	179	98.4
	Do not know	3	1.6
Religion forbids IPPMFP	Yes	9	5
	No	161	88.5
	Do not know	12	6.6
Using IPPMFP cause irregular bleeding	Yes	21	11.6
	No	143	78.6
	Do not know	18	9.9
Using LARC restrict normal activities	No	177	97.3
	Do not know	5	2.7
IPPMFP can harm the newborn	No	179	98.4
	Do not know	3	1.6
Overall IPPMFP utilization attitude level	Having good attitude	151	82.9
	Having poor attitude	31	17.1

5.4 Acceptance of IPPMFP Utilization

About more than three-fourth (78.1%) of the respondents accepted IPPMFP as a contraceptive method. While the rest 51 of the respondents either did not accept as or did not know about IPPMFP. However, only 35.2% of them actually utilized IPPMFP in the corresponding period. In the current study, among the selected type of contraceptives, Implant (87.8%) was the most preferable, followed by IUCDs (12.2%). Moreover, Condoms and POPs were also used, rarely, which was less than one percent. Non-accepters reported their reasons for rejecting IPPMFP utilization for different reasons such as satisfying by/preferring other methods (29.6%), family refusal/objection from husbands (10.3%), desire for more children (19.3%), religious beliefs (1.7%), and also for no reason some (3.4%) of the respondents rejected to use IPPMFP.

5.5 Factors associated with Utilization of IPPMFP

Variables which had a significant level $< 25\%$ in bi-variable logistic regression such as Educational status the husbands, occupation of the women, status of current pregnancy, hearing about IPPMFP from relative, future desire of pregnancy and knowledge about IPPMFP were entered into logistic regression multi-variable logistic regression model to identify independent factors of IPPMFP utilization.

There was statistical significant association between educational status of the husbands and IPPMFP utilization of their wives. It was observed that women whose husbands had completed primary and above educational level were more likely to utilize IPPMFP than women whose husbands had no formal education (AOR =7.264, 95% CI=1.817-29.041). Generally, those women whose husbands are literate, completing high school and above, were more likely to utilize the recommended IPPMFP methods. Coming to occupation of women, it significantly associated with IPPMFP utilization. Being employee (either governmental or self-employee) had a contribution of about 73.4% to utilize IPPMFP (AOR=0.266, 95% CI=0.085-0.838). In this study, those mothers who heard about IPPMFP from their relatives were also more likely to utilize the methods (AOR=0.091, 95% CI=0.038-0.215), While knowledge about IPPMFP (AOR=0.132, 95% CI=0.040-0.438) can also affect the immediate postpartum modern family planning utilization, showing that previous knowledge can enhance on immediate postpartum modern family planning utilization. Future desire of pregnancies also showed significant association with IPPMFP utilization in that those who either wanted no pregnancies in the future or did not decide

whether or not to get pregnant in the future were more likely to utilize the recommended immediate postpartum modern family planning methods (AOR=37.906, 95% CI=8.886-161.702).

Table 6: Multivariable logistic analysis of IPPMFP utilization among women who gave birth at Konta Special Woreda health facilities, South Ethiopia, March - May 2020

Variable	IPPMFP Utilization			
	Yes	No	COR (95% C.I)	AOR (95% C.I)
Education status of husbands				
No Education	30(38.5)	48(61.5)	1	1
Primary Education	30(41.1)	43(58.9)	1.024(0.471,2.224)	10.576(2.142-52.229) *
Above	21(30.4)	48(69.6)	1.382 (1.000-1.909) *	7.264(1.817-29.041) *
Future desire of pregnancy				
Yes	50(25.3)	148(74.7)	1	1
Other**	32(91.4)	3(8.6)	0.032(0.009-0.108) *	37.906(8.886-161.702) *
Do you know about IPPMFP?				
Yes	76(41.8)	106(58.2)	0.186(.076-0.458) *	0.132(0.040-0.438) *
No	6(11.8)	45(88.2)	1	1
Heard about FP from Relative				
Yes	54(62.1)	33(37.9)	0.145(0.080-0.264) *	0.091(0.038-0.215) *
No	28(19.2)	118(80.8)	1	1
Occupation of the woman				
Homemaker	65(39.6)	99(60.4)	1	1
Employee (Government/ Self)	9(29)	22(71)	0.395(0.162-0.960) *	0.266 (0.085-0.838) *
Other***	8(21.1)	30(78.9)	1.575 (1.061-2.338) *	2.208 (0.517-9.429)
Status of current pregnancy				
Wanted	64(31.8)	137(68.2)	1	1
Unwanted	18(56.3)	14(43.8)	2.752(1.289-5.878) *	3.020(0.972-9.388)

*statistically significant (p<0.05) 1= reference group ** = no/don't decide *** = merchant/student

CHAPTER SIX: DISCUSSION

The result of this study pointed out major factors associated with utilizing IPPMFP, such as, future desire of pregnancy, knowledge about IPPMFP, educational status of husbands, occupation of the women and source of information of FP like relatives.

The prevalence of immediate postpartum modern family planning in this study was 35.2%, which was nearly similar with the finding on study conducted in Aroressa (31.7%) (47), in which enhancement of information, education and communication activities were mentioned to be important for contraceptive utilization to be started on timely manner. It was also in line with a review system done on studies performed in LMIC, which was 33% for Africa, and 28% for Sub-Saharan Africa, particularly (43); But, slightly less than study performed in Addis Ababa regarding LTFC utilization (45%) (38), which could be due to residence, given that more (54.5%) of participants of the current study were rural dwellers.

The prevalence found in the current study was also more higher than the prevalence found in a study performed in Bale health facilities (12.4%) (39) in the immediate postpartum period, which could be due to, the second study was, done on single method, only on PPIUDs.

It was observed that women whose husbands had completed primary and above educational level were more likely to utilize IPPMFP than women whose husbands had no formal education (AOR =7.264, 95% CI=1.817-29.041), in the current study, which was in good agreement with what different studies reported (59-61). The current study also showed that as educational level of the respondents' husbands goes high and high, the number of ANC they attended increased. i.e. the more the husbands were educated, the more their wives visit health facilities for ANC follow-up. Regarding reproductive history and use of family planning, more than 44.6% of the participants

had visited health facilities more than three times for ANC follow-up. This is in good agreement with what was reported by different studies (17,43,47).

Coming to occupation of women, it significantly associated with IPPMFP utilization. Being employee (either governmental or self-employee) had a contribution of about 73.4% to utilize IPPMFP (AOR=0.266, 95% CI=0.085-0.838). This is in line with study performed in Rwanda which stated that women having higher income were more likely to utilize the recommended postpartum family planning (41). This is also supported by study performed in Saint Paul's Hospital of Ethiopia, in which being employee enhanced to utilize immediate postpartum modern family planning (38).

About 78.1% of the study participants, of this study, forwarded that they know at least one type of modern contraception, being supported by EMDHS 2019, which stated that knowledge of contraceptive methods is almost universal, in Ethiopia (15). The study performed in Kenya showed that mothers with prior knowledge of implants were more likely to accept postpartum implants (44). Knowledge about IPPMFP before was significantly associated with its utilization in the current study, which is the same with what different studies reported (16,44); showing prior knowledge either enhance or lessen postpartum utilization modern contraceptive methods (14).

It was possible to consider that lack of knowledge as a reason of low utilization of some type of modern family planning, for instance, utilization of IUDs was extremely low in this study, which is in line with findings from study done in India (2.94%), happened as a result of lack of knowledge (58). In the current study, women with good knowledge of IPPMFP were more likely to utilize a recommended modern method, which a review done on study performed in LMIC, particularly for Indian non-users of postpartum contraceptives due to inadequate knowledge of contraceptive options, supported this (43).

Getting information from relatives, that could be through conversation, showed significant association in this study (AOR=0.091, 95% CI=0.038-0.215), revealing that those mothers who heard about family planning from their relatives were more likely to utilize IPPMFP than who did not have prior information, which is similar to what other study reported regarding PPIUCD (39). This means that hearing about IPPMFP from relatives helped the women to utilize it more.

The current study also revealed that women who said no or not decided for future desire of pregnancy were more likely to utilize IPPMFP than who had future desire of pregnancy (AOR=37.906, 95% CI=8.886-161.702), which is supported by a survey performed in Ethiopia showing desire to limit future pregnancy significantly associated with contraceptive utilization (15).

STRENGTHS AND LIMITATIONS OF THE STUDY

Strengths

- There was full response rate
- Different studies performed regarding immediate postpartum modern family planning were done on single or two types of options for the postpartum mothers. But, in this study we have tried to include all available options for the mothers to address their need of modern family planning (Implants IUDs, Pills, Condoms). This was the reason why we said the research was inclusive.

Limitations of the study

- The time the interview done was at the time of exit, which could be the time the mothers might not be in their full attention.
- Over-generalization: Which was the nature of the study design.

CHAPTER SEVEN: CONCLUSION AND RECOMMENDATION

7.1 Conclusion

The study found relatively fair prevalence immediate postpartum modern family planning utilization. Education status of the husbands, occupation of the mothers, getting information about IPPMFP from relatives, future desire of pregnancy and knowledge of IPPMFP were factors significantly associated with immediate postpartum modern family planning utilization.

Improving knowledge of mothers about immediate postpartum modern family planning in collaboration with other stakeholders, by informing them about this issue through different ways as it is so central for improving IPPMFP utilization. Because, regardless of educational status of the respondents (more than half of the respondents learnt at least primary school) utilization of IPPMFP was still low.

7.2 Recommendation

Based on the study findings, we suggested the following recommendations.

To governmental & non-governmental organizations working on MCH at all corresponding level

- ✓ Should work on improving the knowledge regarding IPPMFP of all reproductive age women

To Researchers

- ✓ Further studies which include:
 - ✚ Variables that were not considered in this study are recommended
 - ✚ And also, variables that were included in the study, but still needed to know more about them.

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ANNEXES: CONSENT FORM AND QUESTIONNAIRE

English version

Greetings

My name is _____; I am a data collector of a research on the prevalence of immediate postpartum modern family planning utilization and associated factors among postpartum mothers in Konta Special Woreda.

The aim of the study is to assess the prevalence of immediate postpartum modern family planning utilization and associated factors among postpartum mothers in KSW. Therefore, this study will have a great contribution in to address factor/s associated with immediate postpartum modern family planning utilization among postpartum mothers in KSW, and will contribute to address these factors. Besides, I believe that this study will help in attracting governmental and non-governmental organizations and contribute their part on this problem.

During the study period, I will interview you about your socio demographic characteristics, obstetric characteristics, knowledge of FP, your attitude towards modern FP, and its utilization. Finally, what I want to assure you, is that your name and address will not be mentioned and handed over to others. However, the result will be organized and documented and might be submitted to the concerned Health Organizations or other bodies. Are you voluntary? A. Yes B. No

(NB; Continue if and only the option is “**yes**”, otherwise go to next respondent)

The data collector will inform that the purpose of this study is assessing utilization and factors associated with IPPMFP use among mothers who will give birth at KSW Health Facilities, Ethiopia. I have understood that participation in this study is entirely voluntarily. He/she told me that he/she will not give my answer to the question to anyone else and no reports of this study identify me in any way. I understood that participation in this study does not involve risks. I understood that Tsegaye Abebe is a contact person if I have question about the study or about my right as a study participant.

Respondent’s Signature _____ Date _____ Start interview.

Supervisor’s name _____ Signature _____

Address of investigators: Tell: 091 246 4897 e-mail: tsegabebe2015@gmail.com

Instruction to the interviewer: circle the number in front of the option based on the response

S#	Part I: Demographic Characteristics	Options	Remark
101	Age of respondents (in years)	-----	
102	Marital status	1. Married 2 Single. 3. Divorced/Separated 4.Widowed	
103	Religion	1. Protestant 2. Orthodox 3. Muslim 4. Other	
104	Educational status of woman	1. No education 2. Primary education 3.Secondary education 4.College education & above	
105	Educational status of husband	1. No education 2. Primary education 3.Secondary education 4. College education & above	
106	Occupational status of women	1. Homemaker 2. Employee (government/private employee) 3. Student 4. Merchant 5.Farmer 6.Other(specify)	
107	Occupational status of husband	1 Farmer. 2. Employee (government/private employee) 3. Student 4. Merchant 5.Other(specify)	
108	Residence	1. Urban 2. Rural	
109	Distance from HF (in hour)		
	Part II: Obstetrics Characteristics		
201	Gravid (in number)	-----	
202	Parity (in number)	-----	
203	How many ANC follow up did you have?	1. One times 2. 2-3 times 3. ≥ 4 times 4. No ANC follow-up [If '#4. no ANC follow-up' go to Q205]	
204	Where did you attend your ANC follow-up?	1. Hospital/Health Center 2. Health Post	
205	Status of the current pregnancy	1. Wanted 2. Unwanted	

206	Number of live children (in #)	-----	
207	Mode of delivery	1. SVD 2. C/S	
208	Delivery Outcome	1. Alive and With Mother 2. Alive and Referred To NICU 3. Still Birth	
209	Future pregnancy desire	1. Yes 2. No 3. Not decided	
Part III: knowledge of IPPMFP			
301	Do you know about IPPMFP?	1. Yes 2. No [If 'No' skip Q # 308 & 309]	
302	Do you think it is necessary to have the IPPMFP knowledge?	1. Necessary 2. Unnecessary 3. Don't know	
303	Do you think IPPMFP methods can completely contraception ?	1. Can 2. Cannot 3. Don't know	
304	Did you use contraceptives before this birth?	1. Yes 2. No [If 'No' go to Q307]	
305	If yes, for Q 304, which type?	1. Pill 2. Injectable 3. Implant 4. IUCD 5. Condom 6. LAM 7. Other(specify) _____	
306	Who decide the use of FP	1. Wife 2. Husband 3. Both of us with responsibility 4. Mother-in-Law	
307	Do you prefer to breastfeed?	1. Yes 2. No	
308	What is the source of your information for IPPMFP?	1. Media (radio, TV) 2. HF (health worker) 3. Relative/friend 4. Other (Specify) _____	

309	Which one have you ever heard?	1. IUCD can be inserted immediately after delivery 2. That Implant insertion is possible within 48 hrs of delivery 3. Sterilization 4. Condom 5. POP. 6. Other (Specify) _____	
310	Know IPPMFP used to prevent unwanted pregnancy	1. Yes 2. No 3. Not sure	
311	Know IPPMFP used to space pregnancy	1. Yes 2. No 3. Not sure	
312	Know IPPMFP used to limit pregnancy	1. Yes 2. No 3. Not sure	
Do you agree(Yes) or disagree(No) with the following statements about IPPMFP (tick one)			
313	It is better to start recommended IPPMFP.	1. Yes (agree) 2. No(disagree) 3. don't know	
314	IUCD is IPPMFP method that can be put into uterine	1= yes(agree) 2=no(disagree) 3= don't know	
315	IUCD has no high risk of getting STIs	1= yes(agree) 2=no(disagree) 3= don't know	
316	IUCD has no interference with sexual intercourse	1= yes(agree) 2=no(disagree) 3= don't know	
317	IUCD/implant is immediately reversible	1= yes(agree) 2=no(disagree) 3= don't know	
318	IUCD/implant cannot cause cancer	1= yes(agree) 2=no(disagree) 3= don't know	
Note Ask her What misconception she has about IPPMFP.			
Attitude assessment (<i>Do you agree or disagree with the following statements about IPPMFP (tick one)</i>)			
401	Insertion& removal of LARC is highly pain full	1= yes(agree) 2=no(disagree) 3= don't know	
402	Using IPPMFP cause irregular bleeding	1= yes(agree) 2=no(disagree) 3= don't know	
403	Insertion of LARC cause to loss privacy	1= yes(agree) 2=no(disagree) 3= don't know	
404	Using LARC restrict normal activities	1= yes(agree) 2=no(disagree) 3= don't know	
405	IPPMFP may impair future fertility	1= yes(agree) 2=no(disagree) 3= don't know	

406	Using IPPMFP could affect cultures	1= yes(agree) 2=no(disagree) 3= don't know	
407	Religion forbids IPPMFP	1= yes(agree) 2=no(disagree) 3= don't know	
408	IPPMFP use good for standard of living	1= yes(agree) 2=no(disagree) 3= don't know	
409	Using IPPMFP is shame	1= yes(agree) 2=no(disagree) 3= don't know	
410	IPPMFP can harm the newborn	1= yes(agree) 2=no(disagree) 3= don't know	
Counseling about IPPMFP			
501	Do you agree to use IPPMFP today?	1. Yes 2. No If no skip to Q 505	
502	Among IPPMFP, which one do you prefer?	1. IUCD 2. Implant 3. Condom 4. POP 5. Other	
503	Why you prefer IUCD/implants/POP from other FP methods? (circle all possible answers) (<i>only for accepters</i>)	1. Long acting/term 3.No interference with BF 4. Safe 2. Needs few follow up 5. Reversible	
504	What is/are your reason/s for accepting IPPMFP? (circle all possible answers) (<i>only for accepters</i>)	1. For child spacing 4. Doctors/nurses advice 2. Prevention of future pregnancies 3. Friends use it	
505	What is/are your reason/s for rejecting IPPMFP? (circle all possible answers) (<i>only for none accepters</i>)	1. Satisfied/preferred other FP method 5. Religious beliefs 2. Fear of complications 6. Interferes with sexual intercourse 3. Family refusal/Husband object it 7. Due to it breach privacy 4. Desire for more children 8. No reason 9. Other/ specify ---	

የአማርኛ ትርጉም

የመረጃና ስምምነት ወረቀት

ጅም ዩኒቨርሲቲ ጤና ኢንስቲትዩት የሕብረተሰብ ጤና ፋካሊቲ ሥነ-ተዋልዶና ቤተሰብ ጤና ት/ት ክፍል

በኮንታ ልዩ ወረዳ ውስጥ በሚገኙ ጤና ተቋማት (ሆስፒታልና ጤና ጣቢያዎች) ውስጥ የሚወልዱ እናቶች ምን ያክላቸው በወለዱ በ48 ሰዓት ውስጥ የቤተሰብ ምጣኔ አገልግሎት እንደምያገኙና ተያያዥ ምንያት ቃለ መጠይቅ 2012 ዓ.ም.።

ሠላምታ መጠየቅ:

እኔ _____ እባላለሁ፤ ከጅም ዩኒቨርሲቲ ሥነ-ተዋልዶና ቤተሰብ ጤና ት/ት ክፍል በኮንታ ልዩ ወረዳ ውስጥ በሚገኙ ጤና ተቋማት (ሆስፒታልና ጤና ጣቢያዎች) ውስጥ የሚወልዱ እናቶች ምን ያክላቸው በወለዱ በ48 ሰዓት ውስጥ የቤተሰብ ምጣኔ አገልግሎት እንደምያገኙና ተያያዥ ምንያት ላይ ለሚደረገው ጥናት መረጃ ሰብሳቢ ነኝ። የጥናቱ ዓላማ በኮንታ ልዩ ወረዳ ውስጥ በሚገኙ ጤና ተቋማት ውስጥ የሚወልዱ እናቶች ምን ያክላቸው በወለዱ በ48 ሰዓት ውስጥ የቤተሰብ ምጣኔ አገልግሎት እንደምያገኙና ተያያዥ ምንያት መለየት ነው። ስለዚህ ይህ ጥናት የቤተሰብ ምጣኔ አገልግሎት ማስፋፋትና ይህን አገልግሎት ባለመጠቀም የሚመጠውን የእቶችና ህፃናትን ሞትና ተያያዥ ችግሮችን መቀነስ ላይ ከፍተኛ አስተዋጽኦ ያበረክታል። በተጓዳኝም ጥናቱ የግልና የመንግስት ተቋማት በችግሩ ላይ የበኩላቸውን ተሳትፎ እንዲያደርጉ ይረዳል። በጥናቱ ጊዜ የማህበረሰብ፣ ስነ ህዝብ፣ እንዲሁም ወሊድን በተመለከተ ታሪካዎን፣ በተጨማሪም በቤተሰብ ምጣኔ ዙሪያ ግንዛቤዎንና አመለካከትዎን የሚመለከቱ ጥያቄዎችን እጠይቆታለሁ። ይህ ጥናት በሀይወትዎና ኑሮዎ ላይ የሚያመጣብዎት ጉዳት የለም። ካልተመቸዎት ወይም ጥሩ ስሜት ካልተሰማዎት በማንኛውም ሰዓት ማቋረጥ ይችላሉ። ጠቅላላ ሒደቱ የሚወስደው ከ20 ደቂቃ ያልበለጠ ጊዜ ነው። በመጨረሻ ለረጋግጥልዎ የምፈልገው በዚህ ጥናት ስምዎ ወይም አድራሻዎ አይጠቀስም ነገር ግን የጥናት ውጤት ተደራጅቶና ተመዝግቦ ወደሚመለከተቸው የጤና ተቋማት እና ባለድርሻ አካላት ሊገባ ይችላል።

ፈቃደኛ ነዎት? 1. አዎ 2. አይደለሁም

(**ማሳሰቢያ**፡-ለመረጃ ሰብሳቢ፡- ፈቃደኛ ከሆኑ ይቀጥሉ ካልሆኑ ግን አቋርጠው ወደ ቀጣዩ ታካሚ ይሂዱ)

የጥናት አድራጊው፡-

ስም፡ ፀጋዬ አበበ

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201	ስንት ጊዜ አርግዘዋል	-----	
202	ስንት ወልደዋል	-----	
203	ስንት ጊዜ ክትትል አድርገዋል	1.1 ጊዜ 2. 2-3 ጊዜ 3. ≥ 4 4. ምንም ክትትል የለኝም [መልስ #4 ከሆነ ወደ 205]	
204	የቅድመ ወሊድ ምርመራ ያደረጉት የት ነው	1. ሆስፒታል/ጤና ጣቢያ 2. ጤና ኬላ	
205	የአሁኑ አርግዝና ሁኔታ	1. ፈልገ 2. ሳልፈልግ	
206	በህይወት ስንት ልጆች አሉዎት	-----	
207	የወለዱት እንዴት ነው	1. አምጬ 2. በቀዶ ጥገና	
208	የዚህኛው ወሊድ ውጤት	1. በህይወት የተወለደና ከእናቱ ጋር አለ 3. ሞቶ የተወለደ 2. በህይወት የተወለደ ግን ወደ ህጻናት ጽኑ ህክምና ክፍል ተዛውረዋል	
209	ወደ ፊት ለማርገዝ ይፈልጋሉ	1. አዎ 2. አይደለም 3. አልወሰንኩም	
ክፍል ሦስት፡ ከወሊድ በሀኝላ በ48 ሰዓት ውስጥ ስለሚሰጠው የቤተሰብ ምጣኔ አገልግሎት ዙሪያ ግንዛቤን የምዳስሱ መጠይቆች			
301	ስለዚህ ዘዴ ያውቃሉ?	1. አዎ 2. አላውቅም	መልስ 2 ከሆነ ወደ 310
302	ስለዚህ ዘዴ ማወቅ ያስፈልጋል?	1. አዎ ያስፈልጋል 2. አያስፈልግም 3. እርግጠኛ አይደለውም	
303	ይህ ዘዴ ወሊድን መቆጣጠር ይችላል ብለው ያስባሉ?	1. አዎ ይችላል 2. አይችልም 3. እርግጠኛ አይደለውም	
304	ከዚህኛው እርግዝና በፊት የቤተሰብ ምጣኔ አገልግሎት ተጠቅመው ያውቃሉ?	1. አዎ 2. አይደለም	[መልስ አይደለም ከሆነ ወደ 307]

305	ለ መ304 መልስ አዎ ከሆነ የትኛውን?	1. የሚዋጥ 2. መርፌ 3. በክንድ የሚቀበር 4. በማህፀን የሚገባ 5. ኮንደም 6. ሌላ(ግልጽ ያድርጉ) _____	
306	የቤተሰብ ምጣኔ አገልግሎት መጠቀምን የሚወስን ማነው	1. ምስት 2. ባል 3. በጋራ 4. አማት	
307	አሁን ጡት እያጠቡ መቀጠል ይፈልጋሉ	1. አዎ 2. አይደለም	
308	ከወሊድ በሀኝላ በ48 ሰዓት ውስጥ ስለሚሰጥ የቤተሰብ ምጣኔ አገልግሎት መረጃ ከየት አገኙ?	1. ከመገናኛ ብዙሃን (ራድዮ, ቲቪ) 3. ከዘመድ/ጓደኛ. 2. ከጤና ተቋም (ጤና ባለሙያ) 4. ከሌላ (ይጥቀሱ)	
309	ስለየትኛው ነው የሰሙት?	1. በማህፀን የሚገባውን ቶሎ ከወሊድ በኋላ ማስገባት እንደሚቻል 4. ስለኮንደም 2. በክንድ ውስጥ የሚቀበር በ48ሰዓት ውስጥ ማስቀበር እንደሚቻል 5. ስለሚዋጥ ክኒን 3. ማስቆጠር እንደሚቻል (የወንድ የዘር ከረጢት/የሴት ማህጸን) 6. ሌላ (ግልጽ ያድርጉ)-----	
		በ48 ሰዓት ውስጥ ስለሚሰጥ የቤተሰብ ምጣኔ አገልግሎትን በተመለከተ ቀጥሎ ባሉት ዐ/ነገሮች ይስማማሉ ወይስ አይስማሙም (እንዲሁም ላይ ምልክት አድርግ/ጊ)	
310	የሚፈቀዱ የቤተሰብ ምጣኔ አገልግሎቶችን በ48ሰዓት ውስጥ መጀመር ተገቢ ነው	1. አዎ (ይስማማለው) 2. አልስማማም 3. አላውቅኩም	
311	ማህፀን ውስጥ የሚገባው የቤተሰብ ምጣኔ ዘዴ ማህፀን ውስጥ የሚቀመጥ ነው::	1. አዎ (ይስማማለው) 2. አልስማማም 3. አላውቅኩም	
312	ማህፀን ውስጥ የሚገባ ይህ ዘዴ በአባላዘር በሽታ እንድንያዝ አያደርግም	1. አዎ (ይስማማለው) 2. አልስማማም 3. አላውቅኩም	
313	ማህፀን ውስጥ የሚገባ ይህ ዘዴ ከግብረ-ሥጋ ግንኙነት ጋር ተቃርኖ የለውም	1. አዎ (ይስማማለው) 2. አልስማማም 3. አላውቅኩም	

314	ማህፀን ውስጥ የሚገባ/ክንድ ውስጥ የሚቀበር የቤተሰብ ምጣኔ ዘዴ እንዳስወጡ ማርገዝ ይቻላል	1.አዎ (ይስማማለው) 2.አይደለም (አልስማማም)	3. አላወቅኩም	
315	ማህፀን ውስጥ የሚገባ/ክንድ ውስጥ የሚቀበር/ የቤተሰብ ምጣኔ ዘዴ ካንሰር አያስዘም	1.አዎ (ይስማማለው) 2.አይደለም (አልስማማም)	3. አላወቅኩም	
ክፍል አራት: አመለካከትን የሚዳስሱ መጠይቆች :- በ48 ሰዓት ውስጥ ስለሚሰጥ የቤተሰብ ምጣኔ አገልግሎትን በተመለከተቀጥሎ ያሉት 0/ነገሮች አመለካከትዎን የምዳስስ ነው (እንዲላይ ምልክት አድርግ/ጊ)				
401	ሲገባም ሆነ ሲወጣ በጣም ያማል	1.አዎ (ይስማማለው) 2. አይደለም (አልስማማም) 3. አላወቅኩም		
402	የወር አበባን ሂደት ያዘባል	1.አዎ (ይስማማለው) 2.አይደለም (አልስማማም) 3. አላወቅኩም		
403	ገበያን ይገልጣል	1.አዎ (ይስማማለው) 2.አይደለም (አልስማማም) 3. አላወቅኩም		
404	መደበኛ ሥራን ይገድባል	1.አዎ (ይስማማለው) 2.አይደለም (አልስማማም) 3. አላወቅኩም		
405	የሥነ-ተዋልዶን ጤና ያባለሻል	1.አዎ (ይስማማለው) 2.አይደለም (አልስማማም) 3. አላወቅኩም		
406	መጠቀም ባህን ሊጎዳል ይችላል	1.አዎ (ይስማማለው) 2. አይደለም (አልስማማም) 3. አላወቅኩም		
407	ኃይማኖት ይከለክላል	1.አዎ (ይስማማለው) 2. አይደለም (አልስማማም) 3. አላወቅኩም		
408	መጠቀም አኗኗርን ለማሻሻል ጥሩ ነው	1.አዎ (ይስማማለው) 2. አይደለም (አልስማማም) 3. አላወቅኩም		
409	መጠቀም ያሳፍራል	1.አዎ (ይስማማለው) 2. አይደለም (አልስማማም) 3. አላወቅኩም		
ክፍል አምስት: በ48 ሰዓት ውስጥ ስለሚሰጥ የቤተሰብ ምጣኔ አገልግሎትን ምክር				
501	ይህን አገልግሎት ዛሬ ለመጠቀም ይስማማሉ?	1. አዎ 2. አይደለም [መልስ አይደለም ከሆነ ወደ መ505]		

502	መልስ አዎ ከሆነ የትኛውን ለመጠቀም ይመርጣሉ?	1. በማህጸን የሚገባ 2. በክንድ የሚቀበር 3. ከንዶም 4. ክኒን 5. ሌላ (ግልጽ ያድርጉ) ----	
503	ይሄን(በማህጸን የሚገባ/በክንድ የሚቀበር/ከንዶም/ክኒን) የመረጡት ከሌሎች ዘዴዎች ለምንድነው?(ከአንድ በላይ መክበብ ይቻላል)	1. ለረጅም ጊዜ ስለምያገለግል 2. ብዙ ክትትል ስለማይፈልግ 3. ጡት ማጥባትን ስማይከለክል 4. ጉዳት ስለሌለው 5. እንዳስወጣው ማርገዝ ስለሚችል	
504	በ48 ሰዓት ውስጥ የሚሰጥ የቤተሰብ ምጣኔ አገልግሎትን መጠቀም የፈለጉት ለምንድነው? (ከአንድ በላይ መክበብ ይቻላል)	1. አራርቀው ለመውለድ 2. ወደፊት የሚመጣውን እርግዝናን ለመከላከል 3. የባለሙያ ምክር ነው 4. ጓዳኛዬ ስለምትጠቀም	
505	በ48 ሰዓት ውስጥ የሚሰጥ የቤተሰብ ምጣኔ አገልግሎትን መጠቀም ያልፈለጉት ለምንድነው? (ከአንድ በላይ መክበብ ይቻላል)	1. ሌላ ዘዴ ስለሚጠቀም 5. ሐይማኖቴ አይፈቅድልኝም 2. የተወሰነ የጤና ችግር እንዳያመጣ ብዬ 6. ግብረ-ሥጋ ግንኙነትን ይከለክላል 3. ቤተሰብ እንቢ ብሎ/ባለቤቴ ከልክሎኝ 7. የሰውን ገበያን ስለሚያሳይ 4. ብዙ ልጆችን መውለድ ስለሚፈልግ 8. ምክንያት የለኝም 9. ሌላ(ግልጽ ያድርጉ)---	

ስለተባበሩኝ አመሰግናለሁ!!