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BAHIR DAR UNIVERSITY

COLLEGE OF MEDICINE AND HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH

DEPARTMENT OF REPRODUCTIVE HEALTH AND POPULATION
STUDIES

CONTRACEPTIVE METHOD SWITCHING RATE AND ASSOCIATED FACTORS
IN BAHIR DAR CITY

BY: - DEMEKE WORKE (B.Sc. IN PUBLIC HEALTH)

A THESIS SUBMITTED TO DEPARTMENT OF REPRODUCTIVE HEALTH AND POPULATION
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IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS IN
REPRODUCTIVE HEALTH.

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BAHIR DAR UNIVERSITY, ETHIOIA

NAME OF INVESTIGATOR : DEMEKE WORKE

TEL NO: +251913869961

E-mail: demekew2233@gmail.com

NAME OF ADVISOR/S OMER SIED (MPH, Associate professor)

PHONE: +251966969093

E-mail: seoumer@yahoo.com

GIZACHEW WORKU (MPH/RH)

PHONE: +251918287094

E-mail: gizachewworkum@gmail.com

FULL TITLE OF THE RESEARCH PROJECT CONTRACEPTIVE METHOD SWITCHING RATE AND ASSOCIATED FACTORS IN BAHIR DAR CITY, NORTH WEST ETHIOPIA.

DECEMBER, 2020

BAHIR DAR UNIVERSITY, ETHIOPIA

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ABSTRACT

Back ground: Contraceptive switching is important to go straight from one birth control method to the next, with no gaps in between. Strengthening family planning services in developing countries is mostly pointed as precedence for reducing maternal and new born deaths. Success of family planning programs is not only measured by the number of people who adopt contraceptive methods, but it also needs to be measured by number of people who maintain/ continue use of contraception. Contraceptive use is the consequence of contraceptive acceptance, method choice, continuation and switching. There is scanty of information on contraceptive switch and factors among reproductive age women in the country, particularly in the study area.

Objective: This study was aimed to assess contraceptive switching rate and associated factors among family planning user women age 15- 49 years in Bahir Dar City North West Ethiopia, 2020.

Method: A facility based cross-sectional study was conducted in Bahir Dar City. Systematic random sampling technique was used to select 480 study participants. Data was collected using structured questionnaire. Epi Data version 3.1 was used for data entry and analyzed by using SPSS version 21. Both bivariate and multivariable binary logistic regression analysis was used for identifying association between the dependent and independent variables. Variables having P value < 0.05 was considered as statistically significant.

Results: Modern contraceptive methods switch in this study found to be (28.5%), {95% CI 24.5-32.8}. Women who developed side effect during modern contraceptive methods use (AOR=5.24(95% CI.3.29, 8.35), women who faced Partner refusal (AOR= 4.64 (95% CI. 2.49, 8.63) and those who have peer pressure (AOR=3.23 (95% CI.1.45, 7.19) had higher odds of modern contraceptive method switch.

Conclusion and recommendation: the magnitude of modern contraceptive method switch among reproductive age group women in Bahir Dare City was relatively high. Side effect, partner refusal and peer pressure were independently associated factor for modern contraceptive method switch. Thus pre service counseling, about side effect and its management adopt partner involvement on decision making and make awareness on peer influence might help to reduce method switch.

Key words: reproductive age women, contraceptive switch, Bahir Dare.

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Acronyms and Abbreviations

AOR: Adjusted Odds Ratio

DHS: Demographic and Health Survey

FP: Family Planning

INJ: Injectable

IMP: Implants

IUD: Intra Uterine Device

LAPM: Long Acting and Permant Method

MC: Modern Contraceptive

OCP: Oral Contraceptive Pills

1. Introduction

1.1 Background

Contraceptive switching is important to go straight from one birth control method to the next, with no gaps in between. This will help to lower the chance of getting pregnant(1). Method switch can be categorized as switching to less, equally or more effective contraceptive method(2).

Worldwide in 17 different countries worldwide showed that the proportion of women who became pregnant within three months of method discontinuation ranged from 3 percent in Peru to 20 percent in the Dominican Republic; those who switched to a reversible modern method during this period ranged from 10 percent in Malawi to 62 percent in Indonesia; and those who remained at risk of a pregnancy at the end of three months following discontinuation which is 12 percent in Vietnam to 73 percent in Malawi(3).

Every year in sub-Saharan Africa, approximately 14 million unintended pregnancies occur and a sizeable proportion is due to poor use of short-term hormonal methods. If 20% of the 17.6 million women using oral contraceptives or injectable wanted long-term protection and switched to the contraceptive implant, over 1.8 million unintended pregnancies could be averted over a 5-year period(4).

The Ethiopian DHS 2006-2011 analysis shows that the magnitude of modern contraceptive discontinuation and method switching is high. From 56.5% of discontinuation 64.6% correspond to abandonment, 15.9% correspond to failure and 19.5% correspond to switching which lead to unintended pregnancy and abortion(5).

1.2 Statement of the problem

Family planning services in developing countries is mostly pointed as precedence for reducing maternal and new born deaths; as well it is getting emphasis to achieve Sustainable Development Goals (SDGs). However, family planning programs are facing challenges in addressing the service appropriately(6). The success of family planning programs is not only measured by the number of people who adopt contraceptive methods, but it also needs to be measured by number of people who maintain/ continue use of contraception. Contraceptive use is the consequence of contraceptive acceptance, method choice, continuation, switching and failure(7)

Switching to long acting and permanent contraceptive methods (LAPMs) are convenient for users and effectively prevent pregnancy and cost-effective for programs over time, can result in substantial cost savings for couples, governments, and contribute directly to reaching national and international health goals by providing long lasting contraceptive protection(8, 9).

In a country like Ethiopia with high fertility rate and unmet need of contraceptives shifting towards one of the long acting or permanent contraceptive methods is an important strategy. But the contraceptive method mix is dominated by short acting methods like pills and injectable(10, 11). The reproductive health (RH) strategy has been planned and is working on the provision of all FP methods, especially switching LAPMs. To achieve this, there are at least two health extension workers and/or community-based agents in every Kebele with the training, knowledge, and skills needed to provide basic FP services and refer for LAPMs(12).

The dynamics of contraceptive use, particularly switching behaviors following discontinuation, play an important role in meeting reproductive intentions. Identifying characteristics of women at risk of delaying or not switching to another method may help family planning programs to target interventions to women at greatest risk of become unintended pregnancy. Study shows socio-demographic characteristics are predisposing factors of switching to another method following method-related discontinuation in 14 developing countries using DHS data analyses (13).

Delays to switching following discontinuation of methods may make a substantial contribution to unintended pregnancies which is lead to abortion(14).

The highest rates of method switching occurring at any point during follow up were for injectable (INJ) users 31.1%, followed by intrauterine device (IUD) 20.1% and oral contraceptive pills (OCP) users 14.8% and impanon (IMP) was 8.6% (19).

With the high prevalence of method-switching, service providers should give proper counsel women about both side effects and benefits of different modern contraceptive methods, so they will have more complete knowledge of the effectiveness, correct use and side effects of all available methods. The consequences of shifting from more effective to less effective methods is an increased likelihood of experiencing an unplanned pregnancy(15, 16).

Studies show that a lot of women were contraceptive method switch at the whole, particularly among women who change methods soon after initiation. Due to these clients are still learning how to use the new method accurately and consistently and the risk of unplanned pregnancy is high, it increases the risk of unsafe abortion and STIs/HIV infection (3).

In recent years, contraceptive discontinuation and switch especially to less effective methods become as one of public health concern which contributes to unmet need for family planning. Because, unmet need could lead to unplanned pregnancy, miscarriage or abortion and unwanted birth(18).

There is limited study conducted to show the prevalence and associated factors related to modern contraceptive switch in the study area.

Therefore, the aim of this study were assessing modern contraceptive method switching and associated factors among family planning use women age 15-49 year in Bahir Dar City.

1.3 Significance of the study

The result of this study will be helped for managers in the health sector, Non-Governmental Organizations and health workers to consider partner involvement emphasize on peer pressure and side effects on counseling service. Also prioritize problems that related to contraceptive method switch. This study will also contribute for future research in contraceptive switch practice assessment.

Studying the patterns and factors method switching allows the identification of women who are at risk of unintended pregnancies, which in turn could help program managers in designing appropriate strategies that suit women's specific needs.

2. Literature review

2.1 Contraceptive switching among women who use any modern contraceptive

Study conducted in 14 different countries, 3 months after IUD discontinuation for method-related reasons, half of the women had switched to a reversible modern method. High rates of switching to reversible modern methods were recorded in Peru 70.5% and Morocco 69.8%, while lower levels were noted in Bolivia (16.7%) and Kazakhstan 25.2%. Across the 14 countries, 11.5% of women switched to traditional methods, while 0.5% switched to sterilization. In Bolivia and Turkey, there was a preference for switching to a traditional method over switching to a modern method within 3 months of discontinuing IUD use. At 3 months after method-related discontinuation, 12.4% of women were pregnant in Bolivia and 25.0% were still at risk of becoming pregnant (range: 11.6% in Peru to 42.3% in Kazakhstan(13).

Study conducted in Utah, United States among participants who switched methods, 36.9% switched to a long-acting reversible method, 31.7% switched to a short-acting hormonal method, and 31.1% switched to a non-hormonal behavioral method, such as condom use. Participants providing a reason for stopping, (73.2%) for side effects as 1 reason for switching or discontinuing their initial method(17).

Another study conducted in Zambia, the initial OCP users not expressing a desire to conceive, 16% switched to another method. Of these, 64% upgraded and 36% downgraded to condoms only. The initial INJ users not reporting the desire to become pregnant, 34% switched to another method, which is only 5% upgraded to a more effective method and 95% downgraded to OCP or condoms only. The same way initial IMP users who did not desire pregnancy, 13% switched, 89% downgraded and the 40 initial IUD users who did not desire pregnancy, 33% switched, 8% switched to IMP and 92% downgraded to other methods(18).

Study conducted in Ghana, among the sample of current users studied 55.6% women had switched from their previous method. These were predominantly spacers who wanted to have another child 51.6%. Women who switched methods significantly differed from those who hadn't switched by level of education, parity and history of terminated pregnancy(16).

The study done in Malawi Among women who did not continue their reported method at post-delivery, 58% of these switched to a more effective method, 24% switched to a similarly effective contraceptive

method, and 18% switched to a less effective method. The most common switch was from condoms to injection 13%(2).

The study conducted in Agarfa Oromia region, Thirty percent (29.4%) of the participants had history of method shift from one MC to another MC method. The highest shift was observed from pill to Depo-Provera 49.1%, followed by Depo-Provera to implants 26.7%. The main reason stated for their shift was inconvenience of previous method(19).

Another study conducted in Jima town, Contraceptive method switching accounts more than 83% of all discontinuations over 12 months of use and of all contraceptive use segments 9.6% of them switched to other method by the end of their first year of use. Highest 12 months switching rate was observed for pills 19.9% followed by condom 12.4%, while it was much lower for Implanon (3.3%) and IUD (5.1%). One year switching rate was higher for widowed women 15.3% than married women (10.1%), and unmarried 8.1%. By the end of the first year of use, women who use contraceptive for spacing had slightly higher switching rate 10.6% than those who want to limit 8.6%(20).

Study conducted in Bahir dar, short-acting family planning users interviewed, 18.2% explained their intention to shift from short-acting to long-acting methods of contraception. Among those had the intention to change to long-acting methods of contraception, 95.6% preferred for implants. 4,4% of them had the intention to shift to the intrauterine contraceptive device (IUCD)(21).

2.2 Factors that affects contraceptive switching

The united nation report shows that some of factors, urban women and women with higher levels of education and socioeconomic status are more likely to switch methods when they do discontinue, whereas older age is related to a decreased likelihood of switching(22).

Study conducted in Utah, United States Factors associated with switching are method failed (positive pregnancy test)17.4, Bleeding 35.3%, Pain/cramping28.1%,Mood/depression 33.6%, Gastrointestinal 17.4%, No reason 30.9%(17).

More educated women were more likely to switch to another reversible modern method than women with primary education or less, as were women in the highest wealth women more likely practices method switch(5, 13).

The switching behavior of urban couples is compared with that of rural couples, 42 percent of the rural had the ability or inclination to switch to any method, compared with 60 percent of the urban. Thirteen percent of the rural women already pregnant within three months of discontinuation compared with 6 percent of the urban(23).

Study conducted in Brazil, the main personal reason for switching, was “fear of becoming pregnant” while the main medical reasons were nausea, vomiting, unscheduled bleeding and couples' satisfaction with the former method. Other reasons also knowledge, length of use, women's age, number of living children, desired family size, desire for additional children and women's occupation. The major reasons for changing contraceptive method were personal health problems, side effects, worries, duration of contraceptive use, and peer influence.(24).

Study conducted in Honduras women who switched are more likely to be younger and at a lower parity than others, by methods pills accounted for 37% of switches, injectable 21%, the IUD 14% and condoms 13%.women who switched to another method, greater percentage of women who switched experienced side effects, particularly side effects that interfered with daily activities or relationships with their partner(25).

The study conducted in Lusaka Zambia, factors for contraceptive switches women upgrading to a new method from OCPs 34% were desire for more reliable contraception, 11% were headaches/dizziness/nausea, and 15% were unrelated reasons (including peripheral pain/weakness. Among women upgrading to a new method from INJ, switched for increased reliability and bleeding problems. Among women who downgraded to a new method from IUD, were due to abdominal or vaginal pain and expulsion. And who downgraded to a new method from IMP were headache/dizziness/nausea, infection at the site and some for an unknown reason. Almost half of injectable users switching to OCP bleeding problem as the main reason for the switch (18, 21).

Study conducted in sub Saharan Africa time of switching, the more effective contraceptive methods or downgrading to oral contraceptives or condoms was associated with the women's younger age, desire for more children within the next year, heavy menstrual bleeding, bleeding between periods, and cystitis/dysuria. Health concerns among women about contraceptive implants and male partners not wanting more children were associated with upgrading from oral contraceptives or condoms(26, 27).

The study conducted in United States overall rates of method switching is high among both married and unmarried women (40% and 61%, respectively). Married women's two-year switching rates vary from 30% to 43%, while unmarried women's rates vary from 33% to 70%. Among married women, women without children are less likely than other women to adopt sterilization or a long-term reversible contraceptive method. Among unmarried women, younger and more highly educated women have high rates of switching to the condom and to dual methods(28).

Study conducted in Dire Dawa, the main reasons for methods switching were side effects such as bleeding, weight loss, and feeling of arm numbness. The tendency of switching was less among married women, women who had more children and women whose husbands were aware of their use of the methods(29).

Study conducted in Kelela Town, Amhara Region 58.80% shifted from one family planning method to another and the reasons for method shift were unavailability of method used, intolerable side effect, medical contraindication and method failure. Majority of them pill users shifted to another contraceptive method because of its intolerable side effect(30).

The study was done in Bahir Dar City the main reason for shifting to long-acting methods of contraception was delaying having their next child. Fear of side effects and desire to have more children were the main reasons for not changing to long-acting methods(21).

2.3 Conceptual framework

Many literatures discussed factors affecting modern contraceptive switch. By reviewing different literatures and adapted from study conducted in different area to this study socio demographic factors, personal/family factors, method related factor and institutional factors are considered as factors.

Hence, the following conceptual framework will try to summarize the determinant factors and to analyze the association between dependent and independent variables.

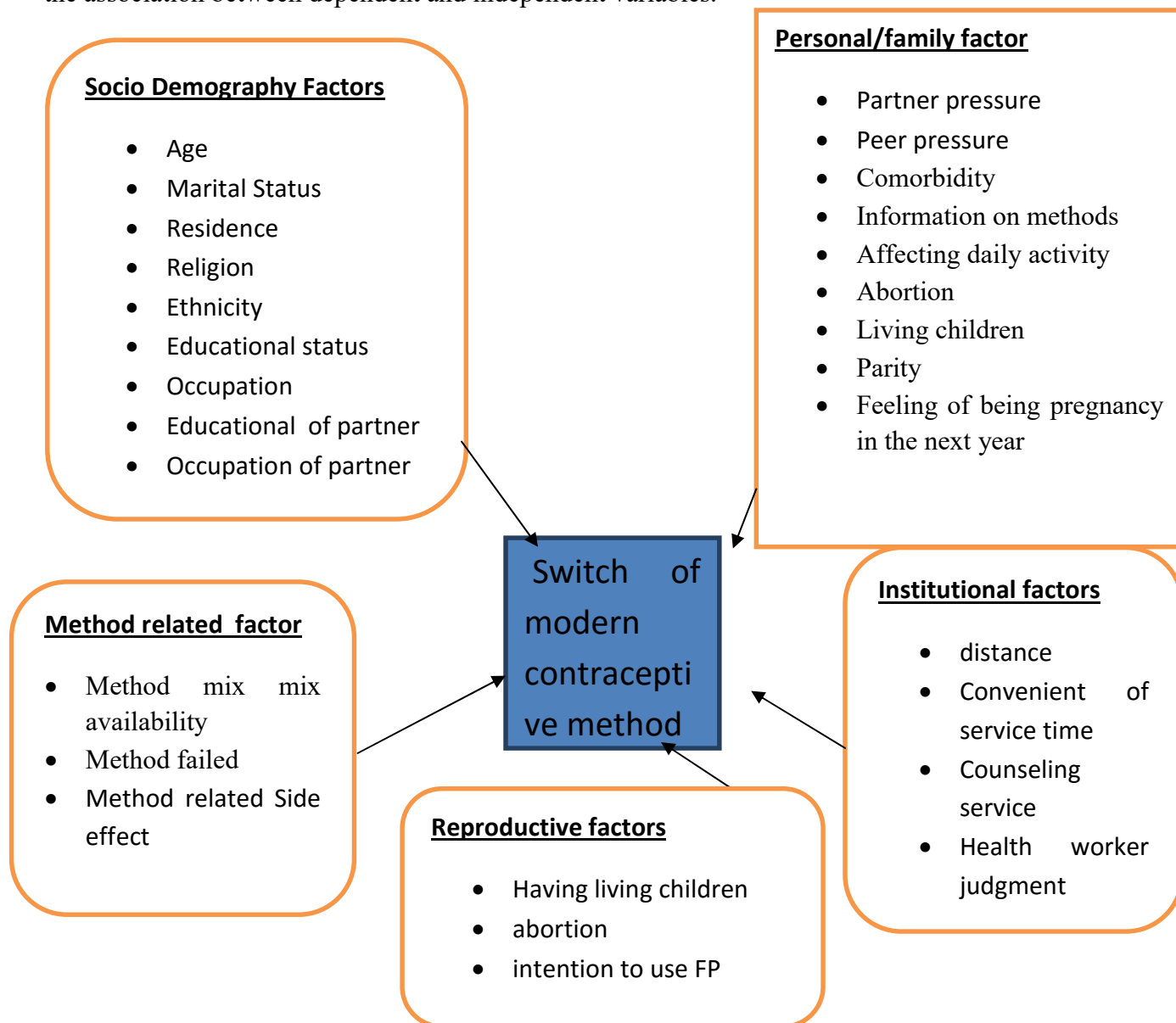


Figure 1: conceptual framework to identify factors associated with contraceptive switching in Bahir Dare City were adopted from different literatures (19, 20, 28, 31).

3. Objective

3.1 General objective

To assess the switching rate of modern contraceptive method and associated factors among family planning user women age 15-49 years in Bahir Dar City, North West Ethiopia, 2020.

3.2 Specific objectives

- To determine the magnitude of modern contraceptive method, switch among family planning user women age 15-49 years.
- To identify factors associated with modern contraceptive method switch among family planning user women age 15-49 years.

4. Methods

4.1 Study design

A facility based cross sectional study design was conducted to assess modern contraceptive method switch and associated factors among family planning user women.

4.2 Study area and period

The study has been conducted in Bahir Dar City governmental health facilities, which is located in North West part of Ethiopia, Amhara Region, 584 kms far from Addis Ababa. According to Ethiopian 2007 census population projection the Bahir Dar City has a total population of 324323 for 2019, among these women in reproductive age group was 76475, eligible for family planning was 65610 and the average monthly performance of family planning service in 2011 was 2062. Based on the Bahir Dar City health office report it has 6 health centers and 3 governmental Hospitals that provide modern family planning service, and the study was conducted from August to October, 2019.

4.3 Source population

The source population of the study was all reproductive age women who use modern contraceptive method in public health institution that found Bahir Dare City.

4.4 Study population

The study population was all reproductive age women who use modern contraceptive method in public health institution during the study period in Bahir Dare City.

4.5 Illegibility criteria

4.5.1 Inclusive criteria

Women who have using modern contraceptive method in public health institution at the moment of study were included to the study.

4.5.2 Exclusive criteria

Women who have using modern contraceptive method at the first time during data collection period were excluded from the study.

4.6 Sample size determination

4.6.1. Sample size calculation based on prevalence

Sample size was determined using the following single population proportion formula with an assumption of confidence level 95%, level of significance 5%, margin of error 5%, prevalence 29.4%(19).

$$N_i = (Z \alpha/2)^2 * P (1-P)/d^2$$

N_i =initial population

P =proportion

α =level of significance

$Z = 1.96$ (corresponds to 95% confidence level)

D =margin of error

Then
$$N_i = (Z \alpha/2)^2 * P (1-P)/d^2$$

$$N_i = (1.96)^2 * 0.294(1-0.294)/ (0.05)^2$$

$N_i = 319$ by adding of 10% non -response rate, it was 351

4.2.2. Sample size calculation by factors

Sample size also calculated by using factors associated with modern contraceptive method switching by the help of EPI info software version 7 with 95% of Confidence level and Power of 80%. **Table 1**

Table 1: Ratio of exposed to unexposed based on the study conducted in Dire Dawa, 2016(29).

Variables	Outcome of exposed to unexposed group on contraceptive method switch		OR	Calculated sample size	Total sample size with 10% contingency
	Yes	No			
Source of information for family planning (from neighbors)	37.1	62.9	1.82	147	162
Marital status (married women)	41.6	58.4	2.41	300	330
Family size (having 2-4 children)	42.6	56.4	3.00	440	484

Based on the information from the above table, sample size for this study is 484.

The sample size calculated from prevalence of the study is less than the sample size calculated from the factors. There for the final sample size was 484.

4.7 Sampling technique

Systematic random sampling technique was used to select the study participants from public health facilities. The adequate number of study participants from each public health facilities was taken by proportional allocation method with the formula of $n_i = n \cdot N_i / N$. Where; N = total number of expected family planning users during the study period; N_i = total number of cases that was registered in each health facility; n = Final sample size; n_i = Sample size from selected health facility. Felege Hiwot Referral Hospital (FHRH) =55 Addisalem Primary Hospital (APH)=132 Abay Health Center (AHC) =365 B/dar Health Center (AHC) =265 Shemabo Health Center (AHC) HC=137 Shimibit Health Center (SHC) =408 Han Health Center (HHC) =417 Ginbot 20 Health Center (GHC) =283 modern contraceptive monthly performance. All women who use modern contraceptive methods was included in the study. So, the sample was taken from each health facility based on their performance. **Figure 2.**

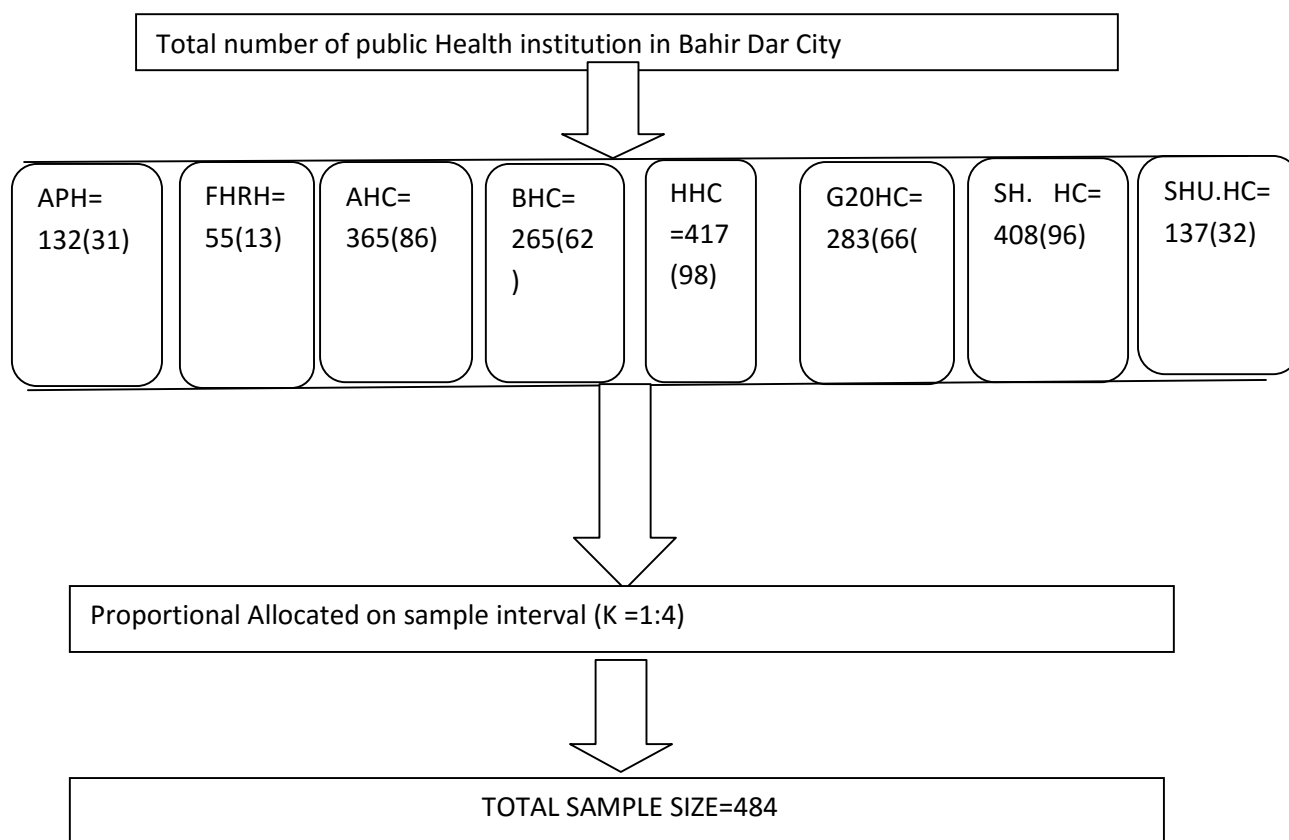


Figure 2: schematic presentation of sampling procedure.

4.8 Study variables

Dependent variable

- Modern contraceptive method switch, the women who were practices method switching.

Independent variables

- Socio –demographic variables (age, ethnicity, religion, educational status, occupation, marital status, partner’s educational status, partner’s occupation, residence)
- Institutional factors (distance, service time, and health worker judgmental, counseling service).
- Personal/family factors (partner pressure, Peer pressure, parity, number of live children, abortion, comorbidity and information, affecting daily activity, feeling being pregnancy in the next year)
- Method related factors (Method mix availability, Method failed, method related side effect)

4.9 Operational definition

Contraceptive switch is defined as the case where a person changes the methods from one birth control to other without gap in between (32).

4.10 Data collection procedures and tools

The tool was developed from different literatures to gather the desired information from the sample population. The questionnaire was initially prepared in English language and was translated in to Amharic (local language) and again it was retranslated back to English language to check for any inconsistencies or distortions in the meaning of words and concepts. The data was collected by using interviewer administrated questionnaire. Four diploma midwifery professionals for data collection and two BSC midwifery for supervisor was selected and given two days training about the Confidentiality of information taken from study participants and how to administer the questionnaires. Data was collected by using interviewer administered structured questionnaires.

4.11 Data quality managements

Pretest was done at Merawi primary hospital by principal investigator. Based on the pretest result the questionnaire was checked for its clarity, simplicity, understandability, completeness, consistency and coherency. Appropriate measures/ corrections were taken on time for completeness and accuracy before

the beginning of data collection. Training for data collector and supervisors was prepared and given by the principal investigator two days prior to the beginning of data collection. The collected data was checked for its completeness & accuracy during data collection. Close supervision of data collectors was undertaken by the supervisors. The supervisor was strictly supervising the data collection process and provides on-site advice and feedbacks to the data collectors as required on regular basis. Daily exchange of information between the principal investigator and supervisors was undertaken by telephone. The principal investigator was done regular onsite supervision of supervisors and data collectors on weekly basis. Data consistency and completeness was made all the way during data collection, data entry and analysis.

4.12 Data analysis

After data was collected, the data was coded and cleaned up manually before entered in to software. Then, the completed questionnaire data was entered into computer software Epi Data version 3.1 and imported to SPSS version 21 for analysis. Both Bivariable and multivariable logistic regression model was used. Variable which p-value ≤ 0.2 in the Bivariable analysis was eligible for Multi variable analysis. Frequencies, percentage frequencies, tables and graph were used to summarize descriptive statistics. Odds ratio with 95% confidence interval was used to measure the degree of association between variables. P-value of < 0.05 was considered as statically significant during multivariate logistic regression.

4.13 Ethical consideration

The study was conducted after getting Ethical approval from institutional review board committee of Bahir Dar University. Then official letter was written to respected authorities of each selected health institution and health department for permission

All respondents who participated in this study were volunteers. Measures were taken to assure the respect, dignity and freedom of each individual participating in the study. Information on the proposal and procedure of the study was given verbally to the mothers (study subjects) and Verbal and written consent was obtained from them before administrating the questionnaire and they was assured of confidentiality of information. Any inconvenience on participants during data collection was minimized.

4.14 Dissemination of findings

The results of the study will be defended in the thesis defense in school of public health and submitted to department of reproductive health school of Public Health College of Medicine and Health Sciences Bahir Dar University. It will also be presented to Amhara regional state health bureau, Bahir dar town health department and all health institutions. It will also send to scientific journals for publication.

5. Results

5.1 Socio demographic characteristics of the study participants

A total of 480 women were responded to the prepared questionnaire with a response rate of 99%. The mean age of the participants was 25.98 years \pm 5.29 standard deviations (SD). Most of the respondents (92.5%) were Orthodox Christians and Amhara ethnic (98.5%). Most (85.8%) of them were married.

The educational status of the participants, had attend primary education 177(36.9%) followed by not attend formal education 165 (34.3%). About 43.3% of the participants were house wife. (**Table 1**)

Table 1: - socio demographic characteristics of women used modern contraceptive method in Bahir Dar City July, 2020. (n=480)

Variables	Category	Frequency	Percent (%)
Age	15-19	30	6.3
	20-24	192	40.0
	25-29	128	26.7
	30-34	92	19.2
	35-39	29	6.0
	40-44	9	2.0
Religion	Orthodox Christian	444	92.5
	Others (Muslim and protestant)	36	7.5
Ethnicity	Amhara	473	98.5
	Others (Tigray, Oromo and Agew)	7	1.5
Residence	Urban	414	86.2
	Rural	66	13.8
Marital status	Married	412	85.8
	Un married	68	14.2
Educational status women	Not attend formal	165	34.3

	education		
	Primary education	177	36.9
	Secondary and above	138	28.7
Occupational status of women	house wife	208	43.3
	daily laborer	112	23.3
	government employee	75	15.6
	merchant	46	9.6
	Student	39	8.1

5.2 Reproductive characteristics and information sources of the study participants

More than half 58.8% of the study participants have no children during the first use of modern contraceptive methods and 48.1% of the participants have no ever give birth. The most dominate contraceptive method they used currently is injectable (78.5%) followed by Implants (11.5%). About 68.5% of the study participants choices their methods by them self. Most (96.9%) of the study participants have an information about modern contraceptive methods before they start to use. Regarding the sources of information most (38.1%) of them got from neighbors followed by (30.6%) from health workers. (Table 2)

Table 2: - reproductive characteristics of women who were used modern contraceptive method in Bahir Dar City July, 2020 (n=480).

Variables	Category	Frequency	Percent (%)
Ever give birth	Yes	249	51.9
	No	231	48.1
History of abortion	Yes	44	9.2
	No	436	90.8
Type of methods using now	Injectable	377	78.5
	Implants	55	11.5
	Pills	40	8.3
	IUD	8	1.7

Who choose to use the current contraceptive method	Themselves	329	68.5
	Husbands	79	16.5
	Health worker	33	6.9
	Neighbors	34	7.1
Purpose of using the contraceptive method	Spacing	448	93.3
	Limiting/stop	32	6.7
Feeling being pregnancy in the next year	Satisfy	277	57.7
	Neutral	117	24.4
	Dissatisfy	86	17.9
Do you discuss with husband	Yes	18	3.8
	No	462	96.2
Sources of information(n=465)	Husband	91	19.0
	Neighbors	183	38.1
	Health workers	147	30.6
	Mass media	44	9.2
which methods do you have information(n=465)	Pills	276	57.5
	Injectable	313	65.0
	Implanon	249	51.9
	IUD	105	21.9
	Male condom	78	16.3

5.3 Service and Method related factors of the study participants

More than one fourth, (p=28.5%, 95% CI=24.5, 32.8).of the study participants have a modern contraceptive method switching from one method to any other form of methods. Most of (70.8%) participants shift to injectable followed by implants (16.5%). The main reasons for switching were side effect 80(58.4%), partner refusal 37(27%) and peer pressure 21(15.3%). The most common side effects thy reported was bleeding (18.1%) followed by headache (15.8%). About (60%) of participates have been counseled about modern contraceptive methods before start to use. (Table 3)

Table 3: - Service and method related factors on modern contraceptive method switch in Bahir Dar City July, 2020.(n=480)

Variables	Category	Frequency	Percent (%)
Method switch	Yes	137	28.5
	No	343	71.5
Methods they use before	Pills	49	35.8
	Implants	48	35
	Injectable	40	29.2
Methods they shift	Injectable	97	70.8
	Implants	23	16.5
	Pills	13	9.5
	Iud	4	2.9
Reasons to switch	Side effect	144	30.0
	Partner refusal	61	
	Affecting daily activity	57	11.9
	Peer pressure	35	7.3
side effects in the previous method	Yes	321	66.9
	No	159	33.1
Types of side effects in the previous method	Bleeding	87	18.1
	Headache	76	15.8
	Irritability	52	10.8
	Weight gain	44	9.2
	Others	62	12.9
Counseled the first time	Yes	291	60.62
	No	189	39.38
Counseled about all methods	Yes	178	37.1
	No	302	62.9
Counseled about	Advantage	273	56.9
	Side effect	173	36.0
	Duration of action	156	32.0
	Effectiveness	84	17.5

5.4 Factors associated with method switching

On Bivariable logistic regression analysis ever give birth, partner refusal to use, method related side effect manifestation, peer pressure, affecting daily activity, abortion history, purpose to use, counsel the first time and discuss with husbands were shown to have candidate for multivariable binary logistic regression analysis. On multivariable binary logistic regression, partner refusal to use, method related side effects and peer pressure were found to be independently associated with method switch.

Clients who had any method related side effect during modern contraceptive methods use had more than fifth fold of method switching as compared to those who don't have (AOR=5.24, 95% CI. 3.29, 8.35). Clients who faced Partner refusal had more than fourth fold of method switch compared to those who don't face (AOR= 4.64 95% CI. 2.49, 8.63). The same way those who have peer pressure had 3.23 times more likely switching the method compared to those who don't have (AOR=3.23 95% CI. 1.45, 7.19). (Table 4)

Table 4: - variables associated with modern contraceptive method switching in Bahir Dar City July, 2020.

Variables	Category	Method switch		COR	AOR
		Yes	No		
Ever give birth	Yes	91(36.5%)	158(63.5%)	2.32(1.53,3.50)	1.41(.86, 2.30)
	No	46(19.9%)	185(80.1%)		
Abortion history	Yes	26(59.1%)	18(40.9%)	4.23(2.23,8.01)	1.61(.78, 3.32)
	No	111(25.5%)	325(74.5%)		
Partner refused	Yes	37(60.7%)	24(39.3%)	4.91(2.81,8.62)	4.64(2.49, 8.63) *
	No	100(23.9%)	319(76.1%)		
Side effect manifest	Yes	80(55.6%)	64(44.4%)	6.12(3.96,4.45)	5.24(3.29, 8.35) *
	No	57(17%)	279(83%)		

Peer pressure					
	Yes	21(60%)	14(40%)	4.25(2.10,8.64)	3.23(1.45, 7.19) *
	No	116(26.1%)	329(73.9%)		1
Affected daily activity					
	Yes	27(47.4%)	30(52.6%)	2.56(1.46,4.50)	1.70(.87, 3.32)
	No	110(26%)	313(74%)		1
Counseling in first time					
	Yes	83(28.5%)	208(71.5%)	1.00(.67,1.51)	.56(.32,2.00)
	No	54(28.6%)	135(71.4%)		1
Discus with husbands					
	Yes	7(38.9%)	11(61.1%)	1.63(.62,4.28)	.43(.14,1.33)
	No	130(28.1%)	332(71.9%)		1

6. Discussion

More than one fourth, ($p=28.5\%$, 95% CI= 24.5, 32.8) of the study participants have a modern contraceptive method switching from one method to any other form of methods in Bahir Dare City was relatively high (21). Which is in line with studies done in Agarfa Oromia Region and Zimbabwe(19), (33). This similarity might be due to that these studies conducted in a specific area means two studies was cover similar area.

On the other hand, this study is higher than the study done in Zambia and Malawi (18, 33). The reason is that the initial OCP users while shifting to any other method were not consider as method switch in the previous studies but in this study consider as method switch.

In contrast method switch in the current study is lower than the study conducted in Ghana, systematic review of 23 low and middle-income countries and Kelela Town, Amhara Region (16), (23) (30). The reason may be high unavailability of the previous contraceptive methods, intolerable side effect, medical contraindication, failer of methods where study done in Kelela Town, Amhara Region but my study is contradicted with the possible reason unavailability of methods while other reasons like poor service providers counsel women about both side effects and benefits of different modern contraceptive methods. Also, women who do not have problems with side effects may try different methods in a sequential

manner to find which suits them best. From systematic review of 23 low and middle-income countries DHS data, service providers reported that many women need to ‘experiment’ with using injectable before switching to implants this means that their intention were implants but they don’t start implants rather first test them self with injectable and shift to implants.

The reasons of modern contraceptive method switching were side effect (30%), partner refusal (12.7%) and peer pressure (7.3%) these research finding is concordant with study conducted in Bahir Dare, Dire Dawa, Hondurance and Brazile (21,24,25,29).

From the factors studied in this research the presence of method related side effect manifestations was associated to modern contraceptive method switch. Clients who had any of side effects had more than fifth fold of method switching as compared to those who don’t have. This is in line with study done by using 2005-2011 Ethiopia DHS data and Agarfa Oromia Region (5), (19). This is may be due to poor service providers counsel women about both side effects and benefits of different modern contraceptive methods, in this study there is low counseling rate of in each visit.

Women who faced partner refusal had more than fourth times method switch as we compared to those who don’t faced. This finding is agreed with study conducted in Hondurance and Butajira district, South Central Ethiopia (25, 34). This is due to poor participation of the partner on decision making for types of modern contraceptive methods. In this study most of the participant’s occupations were housewife and they could be economically dependent on husbands’ income which in turn influences their decision making.

The same way women who have peer pressure had more than three times to do method switching compared with those who don’t have. This is consistent with a study done in Humera north Ethiopia (34). This might be because of high acceptance and trust of women for their female friends especially if they were satisfied users. The other possible reason could be close to half of the participants were in the age group of 20–24 years which is highly influenced by peer pressure.

7. Limitation

Since this study was public health institutional based, it may difficult to generalize for the community in Bahir Dar City.

8. Conclusions

The magnitude of modern contraceptive method switch among reproductive age group women in Bahir Dare City was relatively high (21). Side effect, partner refusal and peer pressure were independently associated factor for modern contraceptive method switch. Thus pre service counseling, about side effect and its management adopt partner involvement on decision making and make awareness on peer influence might help to reduce method switch and its consequences.

9. Recommendations

Zone health department and Health facilities: support the health workers to adopt pre service counseling on method related side effects and partner involvement.

Health worker: The health care providers should focus on pre service provision counseling, about side effect, its management, partner involvement on decision making process and make awareness on peer influence. Therefore, strengthening the FP counseling to address fears of side effects and increase client awareness of expected and unexpected side-effects of all methods in each visit.

Researchers: recommend researchers to do a follow up/cohort study for farther investigate the factors of modern contraceptive method switch.

10. References

1. Fox S. The social life of health information 2011: Pew Internet & American Life Project Washington, DC; 2011.
2. Kopp DM, Rosenberg NE, Stuart GS, Miller WC, Hosseinipour MC, Bonongwe P, et al. Patterns of contraceptive adoption, continuation, and switching after delivery among Malawian women. *PloS one*. 2017;12(1):e0170284.
3. Jain AK, Winfrey W. Contribution of contraceptive discontinuation to unintended births in 36 developing countries. *Studies in family planning*. 2017;48(3):269-78.
4. Hubacher D, Mavranzouli I, McGinn E. Unintended pregnancy in sub-Saharan Africa: magnitude of the problem and potential role of contraceptive implants to alleviate it. *Contraception*. 2008;78(1):73-8.
5. Alvergne A, Stevens R, Gurmu E. Side effects and the need for secrecy: characterising discontinuation of modern contraception and its causes in Ethiopia using mixed methods. *Contraception and reproductive medicine*. 2017;2(1):24.
6. Cleland J, Bernstein S, Ezeh A, Faundes A, Glasier A, Innis J. Family planning: the unfinished agenda. *The Lancet*. 2006;368(9549):1810-27.
7. Singh KK, Roy TK, Singh BP. Contraceptive discontinuation and switching patterns in Bangladesh. *Genus*. 2010;66(1):63-88.
8. Rastak L. Correlation between socio-demographic characteristics and contraceptive methods. *Journal of Shahrekord Uuniversity of Medical Sciences*. 2005;7.
9. Kempner M. Young women and long-acting reversible contraception: Safe reliable and cost-effective birth control. 2012.
10. CSA I. Ethiopia demographic and health survey 2011. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ICF International. 2012;430.
11. CSA-Ethiopia I. International: Ethiopia Demographic and Health Survey 2011. Central Statistical Agency of Ethiopia and ICF International Addis Ababa, Ethiopia and Calverton, Maryland, USA. 2012.
12. Shaikh BT. Health systems research in Pakistan: issues, challenges and way forward. *Journal of Ayub Medical College Abbottabad*. 2015;27(2):257-8.
13. Ali MM, Park MH, Ngo TD. Levels and determinants of switching following intrauterine device discontinuation in 14 developing countries. *Contraception*. 2014;90(1):47-53.
14. Blumenthal P, Voedisch A, Gemzell-Danielsson K. Strategies to prevent unintended pregnancy: increasing use of long-acting reversible contraception. *Human reproduction update*. 2010;17(1):121-37.
15. Kane TT, Gaminiratne K, Stephen EH. Contraceptive method-switching in Sri Lanka: patterns and implications. *International Family Planning Perspectives*. 1988:68-75.
16. Modey EJ, Aryeetey R, Adanu R. Contraceptive discontinuation and switching among Ghanaian women: evidence from the Ghana Demographic and Health Survey, 2008. *African journal of reproductive health*. 2014;18(1):84-92.
17. Simmons RG, Sanders JN, Geist C, Gawron L, Myers K, Turok DK. Predictors of contraceptive switching and discontinuation within the first 6 months of use among Highly Effective Reversible Contraceptive Initiative Salt Lake study participants. *American journal of obstetrics and gynecology*. 2019;220(4):376. e1-. e12.
18. Haddad L, Wall KM, Vwalika B, Khu NH, Brill I, Kilembe W, et al. Contraceptive discontinuation and switching among couples receiving integrated HIV and family planning services in Lusaka, Zambia. *AIDS (London, England)*. 2013;27(0 1):S93.
19. Bekele T, Gebremariam A, Tura P. Contraceptive choice and switching pattern among married women in rural community of South East Ethiopia. *Family Medicine & Medical Science Research*. 2014;3:133.
20. Yideta Z, Mekonen L, Seifu W, Shine S. Contraceptive Discontinuation, Method Switching and Associated Factors among Reproductive Age Women in Jimma Town, Southwest Ethiopia, 2013. *Fam Med Med Sci Res*. 2017;6(213):2.

21. Habtu A, Yigzaw D, Amare Y, Seid A, Wondimu G, Shewangizaw B, et al. Identification of factors associated with method shift from short-acting to long-acting methods of contraception in Amhara Region of Ethiopia. *Ethiopian Journal of Health Development*. 2014;28(Special Issue):14-9.
22. Nations U. Levels and trends of contraceptive use as assessed in 2000. United Nations New York; 2002.
23. Ali MM, Cleland J. Contraceptive switching after method-related discontinuation: levels and differentials. *Studies in family planning*. 2010;41(2):129-33.
24. Ferreira JM, Nunes FR, Modesto W, Gonçalves MP, Bahamondes L. Reasons for Brazilian women to switch from different contraceptives to long-acting reversible contraceptives. *Contraception*. 2014;89(1):17-21.
25. Barden-O'Fallon J, Speizer I. What differentiates method switchers from discontinuers? An examination of contraceptive discontinuation and switching among Honduran women. *International perspectives on sexual and reproductive health*. 2011;37(1):16.
26. Tsui AO, Brown W, Li Q. Contraceptive practice in sub-Saharan Africa. *Population and development review*. 2017;43(Suppl Suppl 1):166.
27. Ali M, Azmat SK, Hamza HB. Assessment of modern contraceptives continuation, switching and discontinuation among clients in Pakistan: study protocol of 24-months post family planning voucher intervention follow up. *BMC health services research*. 2018;18(1):359.
28. Grady WR, Billy JO, Klepinger DH. Contraceptive method switching in the United States. *Perspectives on Sexual and Reproductive Health*. 2002:135-45.
29. Atnafe M, Assefa N, Alemayehu T. Long-acting family planning method switching among revisit clients of public health facilities in Dire Dawa, Ethiopia. *Contraception and reproductive medicine*. 2016;1(1):18.
30. Kassie GM, Duga A, Adem B. Assessment of pattern and determinants of contraceptive use among females of reproductive age in Kelala Town, Northern Ethiopia. *The Experiment*. 2014;22(1):1503-10.
31. Barden-O'Fallon J, Speizer IS, Calhoun LM, Corroon M. Women's contraceptive discontinuation and switching behavior in urban Senegal, 2010–2015. *BMC women's health*. 2018;18(1):35.
32. Jaccard J. *Unlocking the contraceptive conundrum: Reducing unintended pregnancies in emergent adulthood*. 2009.
33. Castle S, Askew I. *Contraceptive discontinuation: reasons, challenges and solutions*. Population council; 2015.
34. Belete N, Zemene A, Hagos H, Yekoye A. Prevalence and factors associated with modern contraceptive discontinuation among reproductive age group women, a community based cross-sectional study in Humera town, northern Ethiopia. *BMC women's health*. 2018;18(1):1-8.

11. Appendixes

Annex 1. information sheet and consent form

Title of the Research Project: to assess prevalence of modern contraceptive method switch and associated factors among family planning use women age 15-49 years in Bahir Dar City.

Name of Principal Investigator: Demeke Worke

Name of Organization: Bahir Dar University

Information sheet and consent form prepared for study participants in Bahir Dar City to participate to this Research Project.

Hello. My name is _____ and I am here to collect health related data for the purpose of research.

I would like to ask you questions related to contraceptive method switch in Bahir Dar City Governmental Health Institutions. The information you provide will help to improve the family planning services, which is vital to improve maternal and child health. We assure you that whatever information you provide will only be used for the purpose of this research and will not be made available to anyone. I appreciate you too much for your willingness and support to respond the interview. We also assure that the interview process will not bring any harm to you and your family. Your participation is voluntary. If you choose not to answer a particular question, that is your right. You are also permitted to withdraw any time from the study when you feel uncomfortable with it.

The purpose of the study and confidentiality procedures has been explained to me and I on my own consent: a) agree b) disagree

If the subject does NOT agree to voluntarily participate in the study, document the reason for their abstention in the space provided below.

- Date of Interview ----- Time Started-----Time Finished-----
- Interviewer’s Name -----Signature -----

Thank you very much!

Annex 2. Questionnaires

English version questionnaires

Part I: Socio- Demographic characteristics			
No	Questions	Alternatives	Skip
101	Age:	-----	
102	Religion	Orthodox.....1 Muslim.....2 Protestant.....3 Catholic.....4 Others specify -----	
103	What is your residence?	Urban .....1 Rural.....2	
104	What is your marital status?	Single.....1 Married .....2 In relation.....3 Divorced /separated.....4 Widowed .....5	
105	Women Educational status	Can't read and write .....1 Read and write.....2 Primary education.....3 Secondary education and above ....4	
106	Partner Educational status	Can't read and write .....1 Read and write.....2 Primary education.....3 Secondary education and above ....4	
107	Ethnicity	Amhara.....1 Tigray.....2 Oromo.....3 Agew.....4 Others specify	

108	Women occupation	House wife.....1 Merchant.....2 Governmental employee....3 Daily laborer.....4 Student.....5 Others specify-----	
109	partner occupation	Merchant.....1 Governmental employee.....2 Daily laborer.....3 Student.....4 Others specify-----	
Part II: Reproductive History			
201	Do you ever give birth?	Yes .....1 No.....2	
202	Did you have children during start of family planning use?	Yes .....1 No.....2	If No skip 206
203	If yes how many live children do you have?	-----	
204	Do you want additional children?	Yes .....1 No.....2	If No skip 206
205	How many more children do you want to have?	.....
206	Who chooses family planning method for you?	Myself.....1 Husband.....2 Neighbors.....3 Health worker.....4 Other.....	
207	What type of method do you use now?	Pills .....1 Injectables .....2	

		Implanon.....3 IUCD .....4 Others specify.....	
208	How long do you use the current method? In months	.....
209	What is your purpose to use FP?	To space child birth.....1 To stop child birth.....2	
210	Did you have a history of abortion?	Yes .....1 No .....2	If No skip to 212
211	If yes how many times?	.....
212	What do you feel if you become pregnant in the next years?	Satisfied.....1 Neutral.....2 Dissatisfied.....3	
Part III: Past knowledge and utilization of contraceptive methods			
301	Have you ever heard of any modern contraceptive methods before use any methods?	Yes .....1 No.....2	If No skip to 305
302	Which kind of contraceptive method have you ever heard of at time of first contraceptive use? (You can answer more than one)	Pills.....1 Injectables..... 2 Impanon .....3 IUCD.....4 Female Sterilization.....5 Male Sterilization .....6 Male condom .....7 Others (specify).....	
303	From where did you obtain the information? (you can answer more than one)	Neighbors /relatives.....1 Husband.....2 Health professional.....3 Mass media.....4	

		Other specify.....	
304	What type of information did you know? (you can answer more than one)	Effectiveness .....1 Side effects .....2 Duration of action .....3 Benefit .....4 Others (specify)	
305	Do you have a history of any other method use before?	Yes .....1 No.....2	If No skip to 313
306	What type of method did you use before? (Last method)	Pills .....1 Injectables .....2 IUCD .....3 Implanon.....4 Others (specify).....	
307	How long did you use this method in months?	.....
308	Do you have a history of method discontinuation?	Yes .....1 No.....2	If Yes skip to 310
309	Did you switch to any other method without gap after discontinuation?	Yes .....1 No.....2	If yes skip to 311
310	How long did you be none user? in months	.....
311	To which method did you change?	Pills .....1 Injectables .....2 IUCD .....3 Implanon.....4 Others (specify).....	

312	What was the main reason for switching to other methods? (you can answer more than one)	Not sexually engaged.....1 partner refusal to use.....2 due to side effect .....3 Peer pressure.....4 affecting daily activity.....5 Others	
313	Have you using FP now?	Yes .....1 No.....2	If yes skip to 315
314	If no why do you stop?	.....
315	Why did you choice to use the current method? Multiple answer is possible	Low failure rate.....1 Want low follow up frequency.....2 Less side effect than other method...3 Unavailability of other methods.....4 Others.....	
316	Did you feel any side effect in the previous method?	Yes .....1 No .....2	If No skip to 319
317	If yes, what type of side effect(s)? (you can answer more than one)	Menstrual bleeding.....1 Weight gain.....2 Headache.....3 Irritability/restless.....4 Others.....	
318	What measures did you take when side effect was occurred?	discus health worker.....1 Discus with husbands.....2 Discus with neighbors.....3 Stop to use.....4 Other specify.....	
319	How long did it take to reach this health facility from your Home? in hour	.....
320	Which service time suitable for you?	.....

Part V: Counseling services and partner support			
401	Did you get counseling service before start to use any methods?	Yes .....1 No.....2	If No skip to 406
402	What type of counseling did you obtain?	Individual counseling.....1 Mass counseling .....2 With husband counseling ...3 Other (specify)	
403	What type of information did you obtain during the counseling? (Multiple answers possible)	Advantage .....1 Side effects .....2 Duration of action .....3 Effectiveness .....4 Others specify....	
404	Did you get the counseling service in each visit?	Yes .....1 No .....2	
405	Would the health worker told you all methods of FP that you could use?	Yes .....1 No .....2	
406	Did you discuss with husband to use FP?	Yes .....1 No .....2	If yes skip to 408
407	If no why?	.....
408	Do you get support from your husband to use FP?	Yes .....1 No .....2	If yes skip to 410
409	If no why?	He wants pregnancy.....1 It affects sexual activity.....2 Fair of infertility.....3 Fair of side effect.....4 Other specify....	
410	Did you get appointment card after the service provided?	Yes.....1 No .....2	

አማርኛ መጠይቅ

ባህር ዳር ዩኒቨርሲቲ በህክምናና ጤና ሳይንስ ኮሌጅ የስነ-ተዋልዶ ጤና ት/ክፍል፡

የቤተሰብ ምጣኔ በሚቀይሩ ሴቶች፣ የሚሞላ የጥናትና ምርምር መጠይቅ፤

በባህርዳር ከተማ አስተዳደር ስር ባሉ የመንግስት የጤና ተቀማት ዘመናዊ የቤተሰብ እቅድ የሚቀይሩ ብዛትና ምክንያቶቻቸውን በተመለከተ ለመዳሰስ የተዘጋጀ መጠይቅ። ስለዚህ ውድ እናቶች የጥናቱን አላማ ስኬታማ ለማድረግ ለሚጠየቁ ጥያቄዎች ተገቢውን መልስ እንድትሰጡን በትህትና እንጠይቃለን። ጥናቱ በፈቃደኝነት ላይ የተመሰረተ ሲሆን ማንኛውም ተሳታፊ በጥናቱ ላይ ትልቅ ድርሻ እንዳለው እንድትገነዘቡልን እንፈልጋለን። የመጠየቁ ምስጢር የተጠበቀ ሲሆን መጠየቁ ካልተመቸዎ በማንኛውም ጊዜ ማቆም ይችላሉ። በመሆኑም ይህን መጠይቅ ለመሙላት ጥቂት ደቂቃዎችን መስዋዕት እንድታደርጉልን እንጠይቃለን። ስለትብብርዎ በቅድሚያ እናመሰግናለን።

በጥናቱ ለመሳተፍ ፈቃደኛ ነዎት ?

ሀ. አዎ

ለ. አይደለሁም

ክፍል አንድ. ማህበራዊ እና ስነ-ዝግጁ ሁኔታዎች			
ተ.ቁ	ጥያቄዎች	አማራጮች	ይለፍ
101	እድሜ	.....
102	ሃይማኖት	1-ኦርቶዶክስ 2-ሙስሊም 3- ፕሮቴስታንት 4-ካቶሊክ 5- ሌላካለ ይጠቀስ-----	
103	የመኖሪያ አድራሻ	1. ከተማ 2. ገጠር	
104	የትዳር ሁኔታ	1. ያላገቡ 2. ያገቡ 3. በጓደኝነት ያሉ 4. የተፋቱ 5. የሞተባት	

105	የት/ት ደረጃ	<ol style="list-style-type: none"> 1. ማንበብ እናመጻፍ የማይችሉ 2. ማንበብ እናመጻፍ የሚችሉ 3. 1-8ኛክፍል. 4. 2ኛደረጃ ያጠናቀቀች እና ከዚያ በላይ 	
106	የት-ዳር አጋር የት/ት ደረጃ	<ol style="list-style-type: none"> 1. ማንበብ እናመጻፍ የማይችሉ 2. ማንበብ እናመጻፍ የሚችሉ 3. 1-8ኛክፍል. 4. 2ኛደረጃ ያጠናቀቀች እና በላይ 	
107	ብሄር	<ol style="list-style-type: none"> 1. አማራ 2. ትግራይ 3. ኦሮሞ 4. አገው 5. ሌላ- 	
108	ስራ ሁኔታ፤	<ol style="list-style-type: none"> 1. የቤት-አመቤት 2. ነጋዴ 3. የመንግስት ሰራተኛ 4. የቀንሰራተኛ 5. ተማሪ 6. ሌላ--- 	
109	የት-ዳር አጋር የስራ ሁኔታ፤	<ol style="list-style-type: none"> 1. ነጋዴ 2. የመንግስት ሰራተኛ 3. የቀንሰራተኛ 4. ተማሪ 5. ሌላ--- 	
ክፍል ሁለት የስነ ተዋልዶ ጤና መጠየቅ			
201	ልጅ ወልደው ያውቃሉ	<ol style="list-style-type: none"> 1. አዎ 2. የለም 	
202	የቤተሰብ አቅድ መጠቀም ሲጀምሩ ልጅ/ልጆች ነበረዎት?	<ol style="list-style-type: none"> 1. አዎ 2. የለም 	የለም ከሆነ ወደ ጥያቄ206ይሂዱ

203	አዎ ከሆነ ስንት ልጅ/ ልጆች ነበረዎት?	.....
204	ተጨማሪ ልጅ/ልጆች እንዲኖርዎት ይፈልጋሉ	1. አዎ 2. አልፈልግም	የለም ከሆነ ወደ ጥያቄ206ይሂዱ
205	አዎ ካሉ ምን ያክል ተጨማሪ ልጆች እንዲኖርዎት ይፈልጋሉ?	.....
206	የቤተሰብ እቅድ አይነቱን ማን መረጠልዎት	1. በራሴ 2. ባለቤቴ 3. ጎረቤቴ 4. የጤና ባለሙያ 5. ሌላ ካለይጠቀስ	
207	አሁን የሚጠቀሙት የቤተሰብ እቅድ ዓይነት ምንድን ነው	1.ክኒን 2. በመርፌ የሚሰጥ 3. በክንድ ቆዳ ስር የሚቀመጥ 4. በማህፀን የሚቀመጥ 5. ኮንደም	
208	ለስንት ጊዜ ተጠቀሙት በወር	.....
209	የቤተሰብ እቅድ የተጠቀሙበት ምክንያት	1. ለማራራቅ 2. ለመወሰን	
210	ወርጃ ገጥሞዎት ያውቃል?	1. አዎ 2. የለም	የለም ካሉ ወደ ጥያቄ212ይሉኑ
211	አዎ ከሆነ ለምን ያክል ጊዜ?	.....
212	እርስዎ በቀጣይ አንድ አመት ቢያረግዡ ምን ይስማዎታል?	1. ደስተኛ 2. ምንም አይስማኝም 3. ይከፋኛል	
ክፍል ሶስት: ስለ ቤተሰብ እቅድ እውቀትና አጠቃቀም የሚዳስስ መጠየቅ			
301	የቤተሰብ እቅድ ከመጠቀም በፊት ስለ የቤተሰብ እቅድ ዓይነቶች ሰምተው ያውቃሉ?	1. አዎ 2. የለም	የለም ከሆነ ወደ ጥያቄ 305 ይሂዱ

302	ስለየትኛው የቤተሰብ እቅድ ዓይነት ነው የሰሙት? (ከአንድ በላይ መመለስ ይቻላል)	<ol style="list-style-type: none"> 1. ክኒን 2. በመርፌ የሚሰጥ 3. በክንድ ቆዳ ስር የሚቀመጥ 4. በማህጸን የሚቀመጥ 5. ማህፀን ማስቋጠር 6. የወንድ የዘር ቱቦ ቆርጦ መቋጠር 7. ኮንዶም 8. ሌላ... 	
303	መረጃውን ያገኙት ከየት ነው? (ከአንድ በላይ መመለስ ይቻላል)	<ol style="list-style-type: none"> 1. ጎረቤት/ዘመድ 2. ከባለቤትዎ 3. ከጤና ባለሙያ 4. ከብዙሀን መገናኛ 5. ሌላ ካለ..... 	
304	ስለ ሰሙት የቤተሰብ እቅድ ምን ምን ተረዱ? (ከአንድ በላይ መመለስ ይቻላል)	<ol style="list-style-type: none"> 1. ስለ ውጤታማነቱ 2. ስለ ጎንዮሽ ጉዳቱ 3. ስለ አገልግሎት ጊዜው 4. ስለ ጥቅሙ 5. ሌላ... 	
305	ከዚህ በፊት ሌላ አይነት የቤተሰብ እቅድ ተጠቅመው ያውቁ ነበር?	<ol style="list-style-type: none"> 1. አዎ 2. የለም 	የለም ከሆነ ወደ ጥያቄ313ይለፉ
306	የትኛውን የቤተሰብ እቅድ ይጠቀሙ ነበር?	<ol style="list-style-type: none"> 1. ክኒን 2. በመርፌ የሚሰጥ 3. በማህጸን የሚቀመጥ 4. በክንድ ቆዳ ስር የሚቀመጥ 5. ሌላ..... 	
307	ለምን ያህል ጊዜ ተጠቀሙት በወር ቢገለፅ	.....
308	የቤተሰብ እቅድ መጠቀም ከጀመሩ ወዲህ አቋርጠው ያውቃሉ	<ol style="list-style-type: none"> 1. አዎ 2. የለም 	አዎ ከሆነ ወደ ጥያቄ310ይለፉ
309	በፊት ይጠቀሙ የነበረውን የቤተሰብ እቅድ ካቆሙ በኋላ ያለምንም ማራጥ ወደሌላ ቀየሩ	<ol style="list-style-type: none"> 1. አዎ 2. የለም 	አዎ ከሆነ ወደ ጥያቄ311ይለፉ

310	የለም ካሉ ለምን ያህል ጊዜ ሳይጠቀሙ ቆዩ በወር	.....
311	ወደ የትኛው የቤተሰብ አቅድ ቀየሩት?	<ol style="list-style-type: none"> 1. ወደ ክኒን 2. በመርፌ የሚሰጥ 3. በማህጸን የሚቀመጥ 4. በክንድ ቆዳ ስር የሚቀመጥ 5. ሌላ..... 	
312	ወደ ሌላ የቀየሩበት ምክንያት ቢገለፅ?(ከአንድ በላይ መመለስ ይቻላል)	<ol style="list-style-type: none"> 1. ለግብረ ስጋ ግንኙነት ማስቸገር 2. የትዳር አጋር አለመፈለግ 3. የጎንዮሽ ጉዳት በማጋጠሙ 4. የጓደኛ ግፊት 5. የዕለት ተግባርን ማከናወን አለመቻል 6. ሌላ..... 	
313	አሁን የቤተሰብ አቅድ እየተጠቀሙ ነው	<ol style="list-style-type: none"> 1. አዎ 2. የለም 	አዎ ካሉ ወደ ጥያቄ315ይለፉ
314	የለም ካሉ ለምን	.....
315	አሁን የሚጠቀሙትን የቤተሰብ አቅድ ለመጠቀም የመረጡበትን ምክንያት ቢገልፁ? (ከአንድ በላይ መመለስ ይቻላል)	<ol style="list-style-type: none"> 1. ከሌሎች በተሻለ እርግዝናን ስለሚከላከል 2. የክትትል ጊዜን ስለሚቀንስ 3. ያለው የጎንዮሽ ጉዳት ዝቅተኛ ስለሆነ 4. ሌሎች የእርግዝና መከላከያ ዘዴዎች ስላልነበሩ 5. ሌሎች..... 	
316	የበሬቱን የቤተሰብ አቅድ እየተጠቀሙ የተሰማዎ የጎንዮሽ ጉዳት ነበር?	<ol style="list-style-type: none"> 1. አዎ 2. የለም 	የለም ከሆነ ጥያቄ319ይለፉ
317	አዎ ከሆነ ምን አይነት የጎንዮሽ ጉዳት	<ol style="list-style-type: none"> 1. የወር አበባ መብዛት 	

	ነው የተሰማዎ? ከአንድ በላይ መመለስ ይቻላል	<ol style="list-style-type: none"> 2. የክብደት መጨመር 3. ራስ ህመም 4. ቁጥነት እና የባህሪ መነጫነጭ 5. ሌሎች..... 	
318	የጎንዮሽ ጉዳት ምልክት ሲያጋጥመዎ ምን እርምጃ ወሰዱ	<ol style="list-style-type: none"> 1. ለጤና ባለሙያ አማካርሁ 2. ከባለቤቱ ጋር ተመካከርሁ 3. ለጎረቤት አማካርሁ 4. መጠቀሜን አቆምሁ 5. ሌላ.... 	
319	ከቤትዎ ጤናተቋም ያለው ርቀት በሰዓት ስንት ነው	.....
320	የትኛው የመገልገያ ሰዓት ይመቸዎታል	.....
ክፍል አራት: የምክር አገልግሎትን የሚዳስሱ መጠይቆች			
401	የቤተሰብ እቅድ መጠቀም ከመጀመርዎ በፊት የምክክር አገልግሎት አግኝተው ነበር	<ol style="list-style-type: none"> 1. አዎ 2. የለም 	መልስዎ የለም ከሆነ ወደጥያቄ 406 ይለፉ
402	ያገኙት የምክክር አገልግሎት ምን አይነት ነበር?	<ol style="list-style-type: none"> 1. የተናጠል 2. የቡድን 3. የጥንድ/ከባለቤት ጋር/ 4. ሌላ..... 	
403	በምክክር አገልግሎት ወቅት ምን አይነት መረጃዎችን አገኙ? (ከአንድ በላይ መመለስ ይቻላል)	<ol style="list-style-type: none"> 1. ስለ ጥቅሙ 2. ስለ ጎንዮሽ ጉዳቱ 3. ስለ አገልግሎት ጊዜው 4. ስለ ውጤታማነቱ 5. ሌላ..... 	
404	በሁሉም ቀጠሮ ጊዜ የምክር አገልግሎት ያገኙ ነበር	<ol style="list-style-type: none"> 1. አዎ 2. የለም 	
405	ስለ ሁሉም የቤተሰብ እቅድ አማራጮች	<ol style="list-style-type: none"> 1. አዎ 	

	ምክር አግኝተው ነበር	2. የለም	
406	የቤተሰብ እቅድ ለመጠቀም ከባለቤትዎ ጋር ተወያይታችሁብት ነበር?	1. አዎ 2. የለም	አዎ ከሆነ ወደ ጥያቄ408ይሂዱ
407	ካልተወያየችሁ ምክንያቱ ቢገለፅ	.....
408	የትዳር አጋርዎ የቤተሰብ እቅድ እንዲጠቀሙ ይደግፍዎታል?	1. አዎ 2. የለም	አዎ ከሆነ ወደ ጥያቄ410ይሂዱ
409	የለም ካሉ ለምን	1. እንዳረግዝ ስለሚፈልግ 2. የግብረ ስጋ ግንኙነት ስለሚያስቸ 3. መካንነት ስለሚያስከትል 4. ህመም ስለሚያስከትል 5. ሌላ.....	
410	አገልግሎቱን ካገኙ በኋላ የቀጠሮ ካርድ ተሰጥዎታል	1. አዎ 2. የለም	

Annex 3 declaration

The undersigned agrees to accept responsibility for the scientific, ethical and technical conduct of the research and for provision of required progress reports as pre-terms and conditions of research publication office of Bahir Dar University.

Name of the student: Demeke Worke

Date -----signature-----

Approval of advisors

Advisors Name	Signature	Date
1. -----	-----	-----
2. -----	-----	-----

Internal examiner Name	Signature	Date
1. -----	-----	-----

External examiner Name	Signature	Date
1. -----	-----	
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