

Saint Paulos Millennium Medical College

**Magnitude and factors associated with utilization of Long Acting
Reversible Contraceptive (LARC) methods in the Immediate Postpartum
Period among mothers who gave birth in Addis Ababa Public Health
Facilities, Ethiopia**

By Dr. Feleke Habte Gebremichael

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ACRONYMS

ACOG: The American College of Obstetricians and Gynecologists

ANC: Antenatal care

EDHS: Ethiopia Demographic and Health Survey

FP: Family Planning

HCW: Health Care Workers

HF: Health Facility

IUD/IUCD: Intrauterine Contraceptive Device

LACMs: Long Acting Contraceptive Methods

LAPMs: Long Acting and Permanent Contraceptive Methods

LARC: Long Acting Reversible Contraceptive

MMR: Maternal Mortality Ratio

PPIUD: Postpartum Intrauterine Contraceptive Device

SDG: Sustainable Development Goals

SSA: Sub-Saharan Africa

WHO: World Health Organization

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ABSTRACT

Background: Maternal and child mortality is prevailing in SSA where Ethiopia is located. While it is revealed that promotion of contraception can avert 32% of all maternal deaths and 10% of childhood deaths; every year in SSA, about 14 million unintended pregnancies occurs and a sizable proportion is due to poor use of short-term hormonal methods. Delay in initiating contraception is common during the postpartum period, and a sizable number of women became pregnant before they return to health facilities to take modern FP methods and for this reason there is promotion of LARCs use in the immediate postpartum period. However, in Ethiopia, only 10% of currently married women uses LARC, and small proportion of them use it in immediate postpartum period. In Addis Ababa, only 22.6% of currently married women use LARCs. The main objective of this study was to measure the magnitude and to identify factors associated with LARC use in the immediate postpartum period in Addis Ababa, Ethiopia.

Methods: Institution based cross sectional study was conducted in Addis Ababa public health facilities from Jan. 1, 2019 to April 30, 2019. Three public hospitals and 9 public health centers were selected using simple random sampling; and 693 women who gave birth in the selected health facilities in the past 48hr. before the survey and lived at least 1 year in the city prior to the survey were nominated with systematic random sampling and involved in the study. Data was entered and analyzed using Epi Info Version 7 and SPSS Version 20. Descriptive and bivariate analysis were done. Factors affecting use of LARC during the immediate postpartum period were determined using multivariate logistic regression.

Result: A total of 17.5 % of women used LARC during immediate postpartum period. Attitude towards LARC use in the immediate postpartum period (AOR = 3.42, 95% CI: 1.96, 5.98); place of delivery (AOR = 3.29, 95% CI: 1.41, 7.66); knowing, before the recent delivery, that IUCD can be inserted within 48hr postpartum (AOR = 0.29, 95% CI: 0.11, 0.76); knowing, before the recent delivery, that implant can be inserted within 48hr postpartum (AOR = 0.31, 95% CI: 0.11, 0.89); and husband attitude towards LARC use (AOR= 3.26, 95 % CI: 1.46, 7.29) were found to have statistically significant association with LARC use during the immediate postpartum period.

Conclusion: LARC use in immediate postpartum period is low in the study facilities. Attitude towards LARC use in immediate postpartum period found to be a very important factor associated with immediate postpartum LARC use among others. Integrating a high quality FP counseling service with ANC, focusing on building mothers knowledge and decision on immediate postpartum LARC use, besides counseling about LARC during labor and immediate postpartum period; and providing health education and BCC services to mothers, husbands and the community at large on importance of immediate postpartum LARC use, are some of the areas where much work is needed to improve immediate postpartum LARC use.

Keywords: LARC, immediate postpartum period, public health facilities, Addis Ababa, Ethiopia

INTRODUCTION

1. The problem to be studied, definition of the problem, concepts and issues

World Health Organization recommends that a woman wait at least 24 months after a live birth before attempting the next pregnancy in order to reduce the risk of adverse maternal, perinatal and infant outcomes [1]. During the postpartum period, delay in initiating contraception is common [2]. However, some women may begin to ovulate within 4 to 6 weeks after delivery and most women may not initiate contraception in a timely fashion and are likely to be at greater risk of unintended pregnancy [1]. Family planning can avert more than 30% of maternal deaths and 10% of child mortality if couples space their pregnancies more than 2 years apart [3]. Long-acting reversible contraception (LARC) includes IUDs and implant. These methods are the most effective reversible methods of contraception. LARC methods are ‘forgettable’; they are not dependent on compliance with a pill-taking regimen, remembering to change a patch or ring, or coming back to the clinician for an injection [4]. There are many advantages to LARC provision in the immediate postpartum period. The ACOGs’ clinical management guidelines state that “The immediate postpartum period is a particularly favorable time for IUD or implant insertion” [5].

2. Magnitude of the problem

An estimated 303,000 maternal deaths occurred worldwide in 2015, a 43.9% decline from the levels of 1990. Despite this decline, developing countries continued to account for 99% of the deaths [6]. The vast majority of maternal and newborn deaths can be prevented with proven interventions to ensure that every pregnancy is wanted using modern contraceptive and every birth is safe [7]. Every year in SSA, a sizeable number of unintended pregnancies occurs due to poor use of short-term hormonal methods. If 20% of the 17.6 million women who were using oral or injectable contraceptives switched to implants, over 1.8 million unintended pregnancies could be averted over a 5-year period [8]. Despite the benefit of initiating FP, especially LARC, in the immediate postpartum period, findings from DHS shows that in 17 of the 43 countries, fewer than 10% of women reported using any method of FP within 2 months of delivery [1]. The 2015 target of MMR for Ethiopia was 218/100000 live births. Conversely the 2016 EDHS reported MMR of 412/100000 live births, which is very far from the target. Under- 5 mortality rate was also high, 67/1000 live births [9]. Although it was indicated that the use of family planning could decrease maternal and childhood deaths [3], only a small proportion (35%) of currently married women in Ethiopia uses modern FP methods & LARC contributes only 10%. In Addis Ababa, 50.1% of

currently married women uses modern FP methods & LARC contributes only 22.6%. In Ethiopia, 22% of currently married women have an unmet need for FP, and the 12 month contraceptive discontinuation rate for all methods was 35%. Among the modern FP methods, the highest discontinuation rate was for pills (70%), followed by injectables (38%). In contrast, IUD and implants have a discontinuation rate of 13% and 11% respectively [9].

3. Risk factors generally and in the specific context

In low-resource countries it has been estimated that 222 million women have unmet need for contraception. Numerous reasons explain this, such as lack of knowledge about contraceptive options and their use; limited choice of methods available; limited access to family planning services; fear or experience of side effects; cultural, religious or partners' opposition; poor quality of available services; gender-based barriers; and health concerns [10, 11]. Although IUD and implant insertion in the postpartum period is highly favored, many barriers of insertion exists such as failure to return for postpartum follow up, lack of knowledge by women and provider, inadvertent early pregnancy, cost and myths and misconceptions about LARCs [10, 12, 13].

4. Rationale for the study

Short inter-pregnancy intervals can result in maternal anaemia, abortion, third-trimester bleeding, premature labour, postpartum hemorrhage, puerperal endometritis, low birth weight babies, fetal loss, and infant and maternal death [2, 14, 15]. Compared with other user-dependent methods that increase the risk of noncompliance related method failure, LARC methods can bring 'typical use' failure rates more in line with 'perfect use' failure rates [16]. A study done in Nairobi showed that sexual resumption occurred earlier than that of menstruation [17]. Hence promotion of LARC use in the immediate postpartum period can help in the prevention of early conception. While determinants of LARC use in the immediate postpartum period have been extensively searched in most parts of the world, there are very few rigorous research efforts to try to elucidate the matter in Ethiopia including the capital Addis Abeba. This study will complement the few studies done in Ethiopia and will be an input to bring a positive change on utilization of LARC in the immediate postpartum period in Addis Ababa in particular and in Ethiopia in general. Furthermore the study will help as a reference and baseline for future researches' in the field.

LITERATURE REVIEW

1. The problem to be studied, definition of the problem, concepts and issues

1.1. Definition of the problem: Immediate postpartum LARC refers to the insertion of a contraceptive implant or intrauterine device while a woman is hospitalized for delivery [18].

1.2. Concepts and issues regarding the problem: Worldwide, 41% of all pregnancies are unintended [19]. Short interpregnancy intervals are associated with adverse perinatal outcomes and postpartum contraceptive counseling may play a role in decreasing the problem [20]. LARCs are around 20 times more effective than any other type of reversible birth control methods [16]. Although women may plan to begin a method at the 6 week visit, ovulation can occur as early as 3 weeks postpartum and can lead to unintended pregnancies. Given limitations of interval LARC insertion, immediate postpartum LARC insertion has distinct advantages and it is also safe [21]. It does not increase risk of infection, uterine perforation, prolonged postpartum bleeding, or breastfeeding difficulties [18]. Moreover, the immediate postpartum period provides an ideal opportunity for contraceptive initiation. Despite the advantages of LARC use in the immediate postpartum period a significant portion of mothers are still not using the service in Ethiopia [9].

2. Magnitude of the problem

2.1. Magnitude of the problem – Globally

The global MMR fell from 385 deaths per 100,000 livebirths in 1990, to 216 in 2015. Regional MMRs for 2015 ranged from 12 deaths per 100,000 livebirths for high-income regions to 546 for SSA. Accelerated progress to reduce MMR will be needed to achieve the SDGs [6]. Ethiopia, one of the SSA countries, has high MMR which is 412 deaths per 100,000 live births [22]. There is a strong link between low utilization of family planning services and high maternal and child mortality [3]. Postpartum women are among those with the greatest unmet need for FP. Yet they often do not receive the services they need to reduce unintended pregnancy and its consequences [3]. Besides, studies mentioned under showed that a significant number of women have not been using modern FP methods including LARC, particularly in the immediate postpartum period.

2.2. Magnitude of LARC use (including immediate postpartum use) in different countries:

In US till 2013 LARC placement during delivery was rare (13.5/10,000 deliveries in 2013) [18]. In a study done in 6 countries PPIUD acceptors in the immediate postpartum period ranged from 2.3% of women counseled in Pakistan to 5.8% in Philippines [23]. In Thailand study found postpartum LARC use of 73.7% in the immediate postpartum counseling group and 42.6% in the

conventional postpartum counseling group [24]. In a study done in India, 4209 women were counseled of whom 18.5% accepted insertion of IUD in the immediate postpartum period [25]. Another study in India found 18.8% acceptance rate of PPIUCD in the immediate postpartum period [26]. In Kenya, study found an uptake of 50.3% for immediate postpartum implants [27].

2.3. Magnitude of LARC use, including in the immediate postpartum period, in Ethiopia

A study done in public health facilities of Sidama Zone, Ethiopia, found a 21.6% IUCD use within 48hr of delivery [28]. In Adama, Ethiopia, study found a 27.9% acceptance rate of LARCs (22.0% uses implant and 5.95% uses IUD) [22]. A study done in Mekelle, Ethiopia, found a 16.4% prevalence of LARCs use [29]. In Jimma town, Ethiopia, study found that 22.9% of respondents were currently using LARCs (82.98% using implant and 17.02% IUCD) [30].

3. Causes of the problem: actual or perceived

Despite having contraceptive and non-contraceptive benefits, LARC methods are underutilized globally. The reasons for underutilization are lack of knowledge among women about LARC, dependence on the provider for information, women's misconceptions and misinformation, higher cost of the method and the placement procedure, provider bias against the method, provider experience and interest as well as patient interest, method acceptability and expectations about use, shortage of trained providers and fear about side effects [10, 14, 16, 31, 32].

4. Risk factors, determinants

4.1. Risk factors, determinants identified by researches' done globally:

Various studies from many parts of the world identified factors that lead to low utilization of LARC overall and in the immediate postpartum period. The Primary barriers to LARC use cited included cost, provider experience and interest, and patient interest. Women with high IUD knowledge were 6 times more likely to be current LARC users. Parity and a history of stopping non-LARC hormonal use were strongly associated with use of LARC and use of LARC was higher in the hospital that offered immediate postpartum provision. Not wanting a foreign object in body; preferring a "controllable" method; and not being in a long-term relationship were other barriers for LARC use [16, 33, 34, 35]. In Australia a history of pregnancy was strongly associated with increased odds of LARC use [36]. Another studies identified political, religious, ethical, safety concerns, lack of healthcare provider knowledge or skills, dependence on the provider for information, and myths and misconceptions as a major barriers [13, 37, 38].

4.2. Risk factors, determinants identified in some specific Asian countries:

In India study found higher PPIUD acceptance in para-2, age group of 21-25 years and educated clients [26]. Another study in India found higher PPIUD acceptance in para-1, educated clients and age group of 21-29 years [14]. In Sirilanka women who were counselled in hospital antenatal clinics and admission wards were more likely to have PPIUD inserted than those counselled in field clinics or during home visits [1]. In Thailand study found immediate postpartum counseling as a significant predictive factor for LARC use in postpartum adolescents [24].

4.3. Risk factors, determinants identified by researches' done in some African countries.

In Ghana study found higher LARCs use by women with more living children and who used LARCs previously [39]. In Nigeria the demand for implanon increased after free service began [40]. In Uganda study found more implant use in the immediate than the delayed group [41]. In a study done in Kenya, women with above 4 years of contraceptive need were over 3 times more likely to choose an implant. Women with health concerns over short-acting hormonal methods; and who had difficulty returning to a clinic were about twice as likely to choose an implant [42].

4.4. Risk factors, determinants identified by researches' done in Ethiopia:

In Sidama Zone study found that mothers who had a plan to have another child, with undecided plan to have another child, who didn't heard about PPIUD and who are not counselled about PPIUD were less likely to use PPIUD than their counterparts [28]. In Adama study found that women with 25-34 years of age were less likely to accept LARCs; government employees, whose husband/partner had supportive attitude for LARC use, who travels over 30 minutes to health facility, who use LARC before and who discussed with husband/partner were more likely to use LARCs [22]. Another studies done in Ethiopia found a significant association of LAPMs use with ever use, frequency of discussions made on methods and when both husband and wife were descision makers; mothers who had knowledge were 8 times and mothers who had 2 or more pregnancies were 3 times more likely to use LAPMs than their counterparts' [7, 43].

Women with supportive attitude had 2 times more likely to accept LARC than their counterparts [29]. In Debre markos town study found that the demand for LAPMs was associated with being age group 40-44 years, no desire for more children, desire to have a child after 2 years, not ever heard of modern FP, not ever used of modern FP and no spousal discussion in the last six month [44]. In Debre tabor town study found that the demand for LACMs was associated with being a daily labour, being a student, no future birth intensions, having 5 or more children, deciding with

husband and having discussion with husband. Poor client treatment by the health care providers during service provision was negatively associated with the demand for LACMs [45]. In Aksum study found that women educated to secondary level were more likely to use LAPMs. Being a daily laborer, husband's negative attitude, no discussion with husband, low knowledge on LAPMs and negative attitude to LAPMs were significantly associated with not using LAPMs [46]. Another studies done in Ethiopia found a significant association of LARC use with being literate, previous LARC use, receiving counseling service on LARC during delivery or immediate postpartum period, spousal discussion, spousal approval and family size [8, 47].

5. Discussion of methodological issues

A facility based cross sectional study having both analytic and descriptive component can give as a very good picture of the magnitude and factors associated with utilization of LARC in the immediate postpartum period. This facility based approach for this particular topic of research is the best approach as it can be generalized to the population of childbearing mothers who gave birth in health facilities. This study is not type of a research that has a gross ethical challenge. However to fulfill the obligation, ethical clearance will be obtained from responsible bodies before the commencement of the research, and any ethical issues will be handled accordingly.

6. Rationale of the proposed study:

In the immediate postpartum period, there is an opportunity to provide women with contraception they may not otherwise obtain. Data demonstrate a global disparity in family planning services among women in the first year following delivery. Improving access to LARCs immediately postpartum has the potential to improve this gap [48]. To be most effective, postpartum contraception should be provided prior to leaving place of delivery. For many women, especially in low- and middle-income countries, the next health care encounter may only happen with the next pregnancy. Waiting to discuss and provide contraception until 4-8 week postpartum visit may be too late [49]. Rates of uptake of LARCs in the immediate postpartum period remain low and we know little about the motivators and disincentives to use LARC in the immediate postpartum period in the study area and Ethiopia in general. Hence this research will help to identify factors associated with utilization of LARC methods in the immediate postpartum period in the study area and the results, conclusion and recommendations of the study will be used to help to address problems identified in the study area. In addition the study can be used as a reference and baseline for future researches' in the field.

OBJECTIVES

1.General Objective:

To assess the status of Long Acting Reversible Contraceptive at the immediate postpartum period in Addis Ababa Public Health Facilities, Ethiopia

2. Specific Objectives:

- a) To measure the prevalence of utilization of Long Acting Reversible Contraceptives at the immediate postpartum period among mothers who gave birth in Addis Ababa Public Health Facilities, Ethiopia.
- b) To identify factors associated with utilization of Long Acting Reversible Contraceptives at the immediate postpartum period among mothers who gave birth in Addis Ababa Public Health Facilities, Ethiopia.

METHODS

1. Study Setting:

Addis Ababa is the capital city of Ethiopia. The City is subdivided into 10 subcities and it has a population of 3,515,678 out of which 1,675,209 are male and 1,840,469 are female. Out of the total population, childbearing mothers comprise 34.64% (1,217,831). Out of the currently married women, 50.1% are using modern family planning methods (22.6% are using LARCs). Out of pregnant mothers in Addis Ababa, 96.8% of them got ANC service by skilled provider and 96.6% of mothers gave birth in health institutions according to EDHS 2016. The main climatic condition of the city is “Dega”. Most people are economically dependent on private employment. About 85% of the population are literate. There are 11 government hospitals, 96 functional governmental health centers, 36 private hospitals and more than 700 different kinds of private and NGO clinics and the potential health service coverage of the city is 100%.

2. Study design: Cross sectional facility based survey with internal comparison having both descriptive and analytic component was used.

3. Source population: All women who gave at least one birth in Addis Ababa Public health facilities.

4. Study population: actual study population were a randomly selected women who had given birth in the randomly selected Addis Ababa Public health facilities in the study period.

5. Inclusion criteria:

- All women who had given birth in the randomly selected Addis Ababa Public health facilities during the study period
- Women who were residents of Addis Ababa for at least the past one year.

6. Exclusion criteria:

- Women who gave birth in the study period but not in Addis Ababa.
- Women who are mentally or physically ill and not capable to be interviewed.

7. Sample size

Table1: Sample size calculation

Objective	Key proportion/s	Source	Assumptions					Sample Size
			Margin of error	Power	CI	Design Effect	Non-response rate	
1	Proportion of women who used LARC in the immediate postpartum period in Ethiopia = 3.8%	Pfitzer A, et al. A facility birth can be the time to start family planning: Postpartum intrauterine device experiences from six countries. Int J Gynecol Obstet. 2015;2: S54–6.	4%		95%	1.5	10%	146
1	Proportion of women who used LARC in Addis Ababa = 22.6%	EDHS 2016	4%		95%	1.5	10%	693
2	Have ever used LARC before as a factor: a 1:3.15 ratio of ever using LARC to not ever using LARC and 19.8% and 53.5% utilization of LARC by those women have never used LARC before and who have used LARC before respectively	Ebrahim Mohammed, et al. Acceptance of LARC Methods and Associated Factors Among Reproductive Age Women in Adama Town, Ethiopia. Clinical Medicine Research. Vol. 6, No. 2, 2017, pp. 53-63.		80%	95%	1.5	10%	157
2	Discussion with husband as a factor: a 1:5.56 ratio of those women who discussed with their husbands to those who didn't discuss with their husbands and 11.5% and 52.8% utilization of LARC by those women who discussed with their husbands and those who didn't discussed with their husbands respectively	Sahilemichael A et. al (2015) Determinants of LARC Use among Child Bearing Age Women in Dendi District, Western Ethiopia. J Women's Health Care 4: 242.		80%	95%	1.5	10%	129
2	Number of children as a factor: a 1:1.1 ratio of those women who has 1- 2 child to those who had > 5 children and 38% and 5.6% utilization of LARC by those women who has > 5 children to those who had 1-2 children respectively	Sahilemichael A et. al (2015) Determinants of LARC Use among Child Bearing Age Women in Dendi District, Western Ethiopia. J Women's Health Care 4: 242.		80%	95%	1.5	10%	101

NB: All sample sizes were calculated using Epi Info version 7. Finally considering representativeness and

feasibility, the largest sample size which is 693 was selected for this study. The following formula had been used to determine sample size that gives the highest selected sample size (one single proportion has been used) i.e. for objective 1:

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

Where n is the sample size, d is margin of error, p is the estimate of key proportion, $Z_{1-\alpha/2}$ (reliability coefficient) = 1.96 for 95% CI where $\alpha = 5\%$.

8. Sampling procedures:

Both public and private health facilities are providing family planning services in the town. Purposively, for this study only governmental health facilities were be considered.

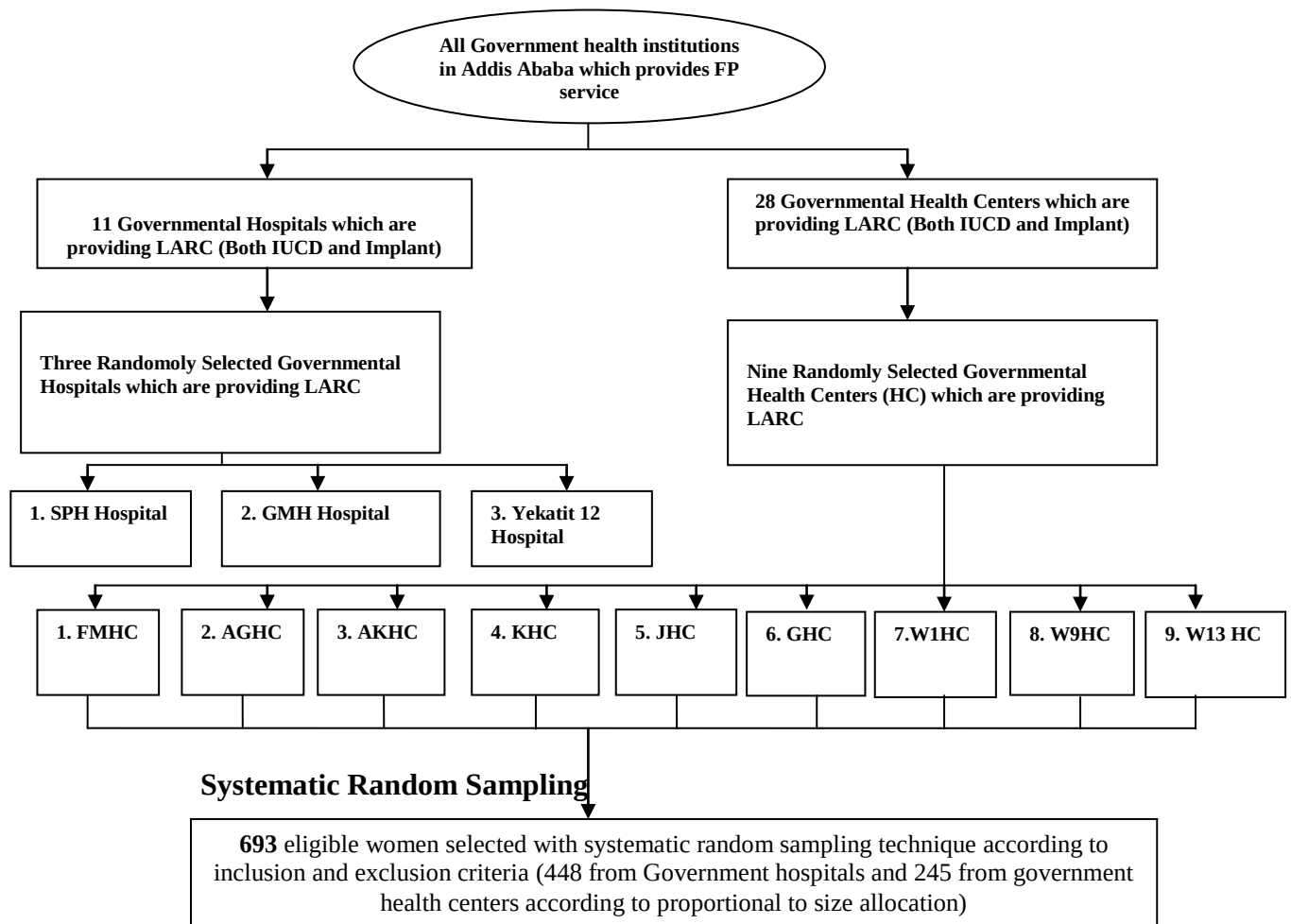


Figure1: Sampling procedure for the study conducted with the title of magnitude and factors associated with utilization of LARC in the immediate postpartum period among mothers who gave birth in in Addis Ababa Public Health Facilities, Ethiopia, Jan, 1/2019 to Apr. 30/2019

9. Data collection procedures

Data source: A Face-to- face individual interview technique was used to collect data (interviewer administered questionnaire). Interviewer will make some observations to answer few parts of the questionnaire.

Data collection tool: A pre-tested structured questionnaire which is used in previous studies and adapted according to the facts obtained from literature review was used. It was translated to local language (Amharic) to facilitate the interview and collect a quantitative data.

Who collected the data: The data was collected by female midwives and nurses working in different departments of the health institution; and who can read and fluently speak Amharic language.

Where data was the data collected: The data was collected in the labor ward and postpartum (maternity) wards where women in postpartum period were found.

When was the data collected: The data was collected from Jan. 1, 2019 to April 30, 2019. The women were be interviewed immediately on the decision of discharge if to be discharged before 48hours of delivery and if not discharged within 48hrs of delivery just at the 48th hour of delivery.

Data quality control: Training was given for data collectors by the principal investigator, which was complemented by practical session. The training focused on the objective of the study, on techniques of survey interviewing using the questionnaire, on ways of approaching respondents including how to keep privacy during interviewing, on confidentiality, and on the overall data collection procedures. Supervisors comprising health officers and BSc nurses were trained on the data collection procedures like that of data collectors in addition they were provided training on supervision techniques. The data collectors submitted the collected data to their supervisors and principal investigator on daily basis and it was checked for the completeness of the data. When the data is found incorrectly filled or when there are missed data, the supervisor and principal investigator discussed with the data collector and gave suggestion on correction. And the data collectors were correcting according to the suggestion given by her supervisor and principal investigator using the same questionnaire.

Furthermore, pre - testing of the modified questionnaire (the standard questions was not changed but only the few new questions which addresses those factors which were not addressed in the available standard questionnaire) was conducted, before the actual data collection date, in one health facility which was not selected in the study. Accordingly correction was made and the final version of the questionnaire was used for the main data collection.

10. Operational definitions

Family planning: Refers to a conscious effort by a couple to limit or space the number of children they have through the use of contraceptive methods.

Unmet need for family planning: Refers to fecund women who are not using contraception but who wish to postpone their next birth (spacing) or stop childbearing altogether (limiting).

Immediate postpartum period: The period between delivery of the newborn and placenta till the first 48 hours after birth.

Early postpartum: The six weeks after a birth.

Extended postpartum: The 12 months after a birth.

Long Acting Reversible Contraceptives methods: Includes IUCD and Implants.

Maternal Mortality: The death of a woman while pregnant or within 42 day of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes (WHO).

Child mortality: the probability of dying between the first and the fifth birthday per 1,000 children surviving to age 12 months.

Knowledgeable: Those women who scored above the mean or median of knowledge questions were considered knowledgeable about LARC methods and danger of short interpregnancy intervals and not knowledgeable if otherwise.

Favourable attitude: Those women who scored above the mean or median on attitude questions were considered as having favourable attitude towards utilization of LARC and unfavorable attitude if otherwise.

11. Data Management:

Information was pre coded, the data was checked for errors, and missing values were dealt with (that is, items that should have been completed during the course of the data collection but were not, either because of respondent inability, refusal or interviewer error). Categorization was made for those data that were not pre-categorized. Coded data was entered using Epi Info version 7 and it was exported to SPSS version 20 for data cleaning i.e. to be checked for errors, impossible or implausible values and inconsistencies that may be due to recording, measurement, coding, or data entry errors. Recoding was made accordingly. Furthermore verification was done by printout for checking visually for obvious errors

such as incorrect codes, extremely long or short lines, blanks that should not be there, alphabetic codes where numbers are expected and others. Data was stored in a computer and more than one backup was kept by a disk and hard copy accordingly.

12. Data Analysis procedures:

After coded data entered, cleaned and verified analysis was done using SPSS version 20. Frequency and measure of variations was used to describe the study population in relation to the dependant and independent variables collected. Chi-square (χ^2) test and binary logistic regression tests was employed to check associations. Multivariable logistic regression model was done to control for confounders and to identify the predictors/factors associated with of LARC use in the immediate postpartum period. Odds ratio with 95% confidence interval (statistical significance was declared at $P < 0.05$) was used to show the significance of the association. The results were then presented using absolute numbers, proportions, ratios, mean, odds ratio and confidence interval. Tables and graphs were also produced.

13. Variables (Dependent and Independent variables)

Dependent (outcome) variable: Utilization of either of the LARC methods in the immediate postpartum period.

Independent variables:

- **Socioeconomic and demographic factors:** Religion, ethnicity, marital status at most recent birth, age at marriage, maternal Age, women's education, paternal/husbands education, women's occupation/more skilled jobs, husbands occupation/more skilled jobs, status of the woman/Income, presence of promoters, media exposure (information obtained).
- **Cultural factors:** Cultural (perceptions of the danger of short interpregnancy interval, traditional view on utilization of family planning in general and LARC in particular), decision power of women/women's autonomy, myths and believes about LARCs, discussion with husband, and partner's feeling toward use of LARCs.
- **Reproductive status:** Parity, number of live children, previous unsatisfactory experience with the health care system, ANC visits, frequency of counseling on FP including LARC methods, previous exposure to family planning methods including LARCs, future intention in using LARCs
- **Access to health services including quality of care (can be considered as ENABLING factors among others):** Location of health services/in Km or hour, cost for LARC, quality of health

services/perceived low quality of care (**Client satisfaction:** for time spent by health worker, cleanliness of place & instruments, availability of essential drugs and supplies, respect & comfort, and competency of health workers or clinical mismanagement & shortages of qualified staff),

- **Health care behavior/use of health service Predisposing factors:** Clinical need, preference of community solutions to family planning needs, lack of understanding of danger of short interpregnancy interval, Knowledge about LARCs, perceived similarity in traditional and modern contraceptives, beliefs and attitudes of mothers about health facilities & family planning services including LARCs, perception of mothers about the importance utilization of immediate postpartum family planning including LARCs.

14. Ethical consideration

The study was conducted after getting approval of the proposal from ethical review committee of Saint Paulos Hospital Millennium Medical College and Addis Ababa health bureau. Involvement into the study was on the basis of an informed consent that was obtained from each respondent and action was taken to assure the confidentiality of information.

15. Dissemination of results

The findings of this study will be disseminated to Addis Ababa Health Bureau, Saint Paulos Hospital Millennium Medical College and Federal Ministry of Health using hardcopy. The findings will also be presented in various meetings that will be conducted especially in association with Addis Ababa Health Bureau and/or Saint Paulos Hospital Millennium Medical College. The investigator will also facilitate workshops to communicate sub city officials and community representatives. Ways of translation of the study results into application will be discussed with all responsible bodies (priority will be given for those problems that can be solved at the community and regional level). Efforts will be made to publish it in a scientific journal.

Result

Socio demographic characteristics

A total of 693 mothers who gave birth in the past 48 hours prior to the survey were interviewed, and all of them were included in the sample, giving a response rate of 100%. All mothers were living in Addis Ababa city at least for the past one year and getting ANC follow up in the city health institutions. Out of the respondents 305 (44%) of them were in the age range of 25-29 years with mean age of 27.2 year (± 4.7 years) and 301 (43.4%) of them belong to Amhara ethnic group. About 282 (40.7%) of respondents were educated to the level of elementary school, 656 (94.7%) were married and 434 (62.6) of the women were housewives by occupation. Regarding religion 467 (67.4) of them were Orthodox and 170 (24.5) of them were Muslim religion followers (Table 1).

Table1. Selected Socio – demographic characteristics of respondents who gave birth (N = 693) in Addis Ababa Public Health Facilities, Ethiopia, Jan, 1/2019 to Apr. 30/2019

Variables	Number	Percent (%)
Age of respondents (n=693)		
15-19	18	2.6
20-24	173	25
25-29	305	44
30-35	159	22.9
35+	38	5.5
Ethnicity of respondents (n=693)		
Amhara	301	43.4
Oromo	140	20.2
Gurage	155	22.4
Tigre	30	4.3
Silte	49	7.1
Others	18	2.6
Respondents Educational status (n=693)		
Unable to read and write	44	6.3
Only able to read and write	3	0.4
Elementary	282	40.7
Secondary	233	33.6
Technical/Vocational +	131	18.9
Respondents marital status (n=693)		
Married	656	94.7
Lives with a man as if married	13	1.9
Divorced	3	0.4
Widowed	0	0
Separated	7	1
Single	14	2
Respondents Occupation (n=693)		
Housewife	434	62.6
Self Employed	64	9.2

Private Employee	93	13.4
Government Employee	67	9.7
Merchant	21	3
Other	14	2
Respondents Religion (n=693)		
Orthodox	467	67.4
Catholic	3	0.4
Protestant	53	7.6
Muslim	170	24.5
Other		
Respondent's husband education (n=626)		
Unable to read and write	10	1.6
Only able to read and write	13	2.1
Elementary	183	29.2
Secondary	265	42.3
Technical/Vocational +	155	24.8
Income/month (n=693)		
<1500	25	3.6
1500-3000	307	44.3
≥3000	361	52.1
Respondent's husband Occupation (n=669)		
Self Employed	174	26
Private Employee	283	42.3
Government Employee	104	15.5
Merchant	76	11.4
Farmer	3	0.4
Daily Laborer	29	4.3

Obstetric, delivery and ANC characteristics

The majority of respondents 620 (91.3%) were married for the first time at the age of 18 years and above, and the mean age at first marriage was 22.4 year (± 4.2) and 569 (82.1 %) of respondents had their first pregnancy above the age of 20 years with mean age at first pregnancy being 23.3 year (± 4.2). Regarding total pregnancies, 182 (26.3 %) and 26 (3.8 %) of women had history of 3 to 4 pregnancies and 5 and above pregnancies respectively, with mean gravidity for the women being 2.1 (± 1.2). Concerning parity, 13 (1.9 %) of respondents had given 5 and above births in their previous reproductive life time with mean parity for the mothers being 1.8 (± 1). Out of the respondents 159 (22.9%) of them encountered at least one abortion in their life time. Out of the respondents, 508 (82.1%) of them planned to have next pregnancy after 24 months, 99.6% of them heard of family planning and 496 (71.6%) of them have ever used of one or more types of family planning methods. About 179 (25.8%) and 38 (5.5%) of responders have experience of using Implant and IUCD before the recent pregnancy (Table 2).

Concerning ANC visit, 687 (99.1 %) of respondents had at least one prenatal visit while being pregnant to their last child. Among respondents who had ANC visit, 628 (91.4 %) of them visited health institutions 4 times and above for ANC service. About 480 (69.3) of the respondents have got counseling about LARC

during this pregnancy, labor and immediate postpartum period , and out of them 361 (75.2%) or respondents got counseling about LARC , for the first time, during the immediate postpartum period. About 555 (80.1%) and 563 (81.2%) of respondents do not know that IUCD and Implant respectively, can be given at the immediate postpartum period. Regarding place of delivery, 448 (64.6%) of respondents gave birth at public hospitals and 245 (35.4%) of them gave birth at public health centers (Table 2).

Prevalence of LARC use and related characteristics

Regarding utilization of LARC in the immediate postpartum period, 121 (17.5 %) of all respondents used LARC in the immediate postpartum period, and when we see across place of delivery 92 (20.5%) of mothers who gave birth in hospitals and 29 (11.84) of women who gave birth in health centers used LARC during the immediate postpartum period (Fig. 1).

Out of those who used LARC in the immediate postpartum period 55 (45.4%) of them used implanon, 45(37.2%) of them used IUCD and 21(17.4%) of them used jadelle (Fig. 2).

Respondents who used LARC at the immediate postpartum period were asked about their reasons for utilization of LARC at the immediate postpartum period , and 93 (76.9%) of them mentioned LARCs are long acting as one of their reason, 16 (13.2%) of them reported that the health service provider told them it is better than the other family planning methods and 16 (13.2%) of them reported that the service is available at spot among others (Fig. 3).

Respondents who didn't use LARC at the immediate postpartum period were asked about their reasons for not using of LARC at the immediate postpartum period , and 195 (34.1%) of them reported they want to take family planning methods not now but at next visits, 54 (9.4%) of them reported they would like to take other family planning methods, and 211 (36.9%) of them reported service provider did not ask them to take LARCs among others (Fig. 4).

Among the respondents 526 (75.9%) reported that they heard myths and misconceptions about LARC . Out of them 276 (39.8%) reported that LARCs causes menstrual irregularities, 225 (32.5%) reported that implant causes weight gain, 102 (14.7%) reported that IUCD disappears from the uterus and 157 (22.7%) reported that IUCD causes PID among others (Fig. 5).

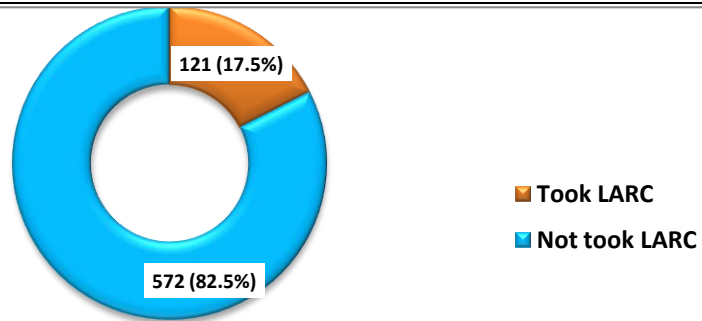


Fig. 2 Magnitude of LARC use in the immediate postpartum period among mothers who gave birth in Addis Ababa Public HF, Jan. 1/2019 to April 30/2019

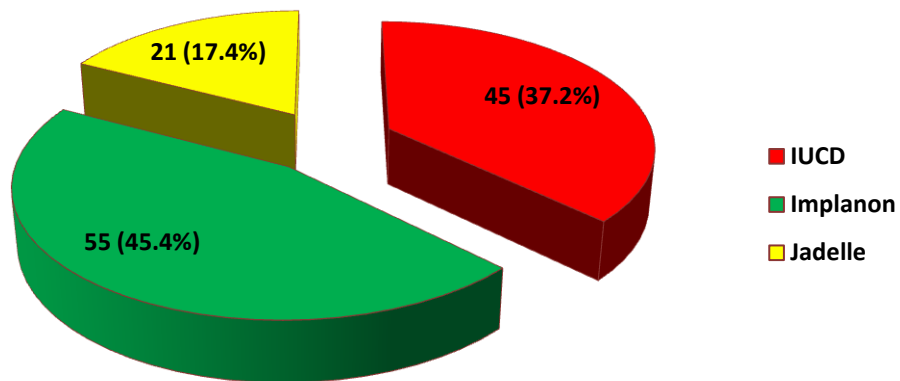


Fig. 3 Types of LARC a women took during the immediate postpartum period among mothers who gave birth Addis Ababa public HF, Ethiopia, Jan. 1/2019 to April 30/2019

Table 2. Obstetric related characteristics of the respondents who gave birth in Addis Ababa Public Health Facilities, Jan, 1/2019 to Apr. 30/2019

Variables	Number (n = 000)	Percent (%)
Mothers age at first marriage (n=679)		
< 18 years	59	8.7
18 year and above	620	91.3
Mothers age at first pregnancy (n=693)		
< 20 years	124	38.1
20 years and above	569	82.1
Gravidity (n=693)		
1	264	38.1
2	221	31.9
3-4	182	26.3
≥5	26	3.8
Parity (n=693)		
1	332	47.9
2	225	32.5
3-4	123	17.7
≥5	13	1.9
Herself and/or her husband have a plan to have more children? (n=693)		
Yes	619	89.3
No	74	10.7
Planned duration of next pregnancy (n=619)		
<18 months	18	2.9
24 months	93	15
>24 months	508	82.1
Ever heard of family planning methods (n=693)		
Yes	690	99.6
No	3	0.4
Use any form of FP method (n=693)		
Yes	496	71.6
No	197	28.4
Type of modern FP used before this pregnancy (n=693 for each)		
Implant	179	25.8
IUCD	38	5.5
Injectable	234	34.3
Pills	184	26.6
Other	15	2.2
The recent pregnancy was planned (n=693)		
Yes	611	88.2
No	82	11.8
ANC Visit (n=693)		
Yes	687	99.1
No	6	0.9
Number of ANC visits (n=687)		
1X	5	0.7
2-3X	54	7.9
≥ 4X	628	91.4
Time of Initiation of ANC visit (n=687)		
< 5 month of pregnancy	509	74.1
4-7 months of pregnancy	168	4.5

≥ 8 months of pregnancy	10	1.5
Did Provider Talked to you about LARC (n=693)		
Yes	480	69.3
No	213	30.7
The first time she got counseling service about immediate postpartum LARC (n=480)		
During ANC visit	92	19.2
During labor and delivery	27	5.6
Within 48hr of delivery	361	75.2
Number of times she got counseled about immediate postpartum LARC (n=480)		
1x	143	29.8
3x	240	50.0
3x	96	20
≥ 4x	1	0.2
Knowledge on the methods that can prevent pregnancy for more than three years		
Implant	121	17.5
IUDC	27	3.9
Implant and IUDC	477	68.8
I Don't Know	68	9.8
Know, before delivery, IUCD can be inserted within 48hr postpartum		
No	555	80.1
Yes	138	19.9
Know, before delivery, Implant can be inserted within 48hr postpartum		
No	563	81.2
Yes	130	18.8
Place of Delivery (n=693)		
Hospital	448	64.6
Health Center	245	35.4
Mode of Delivery		
SVD	391	56.4
Instrumental Delivery	19	2.7
Cesarean Section	283	40.8
Decision maker to use Health Care		
Respondent	408	58.9
Husband/Partner	13	1.9
Both	272	39.2
Husbands attitude towards LARC (n=537)		
Positive	393	73.2
Negative	144	26.8

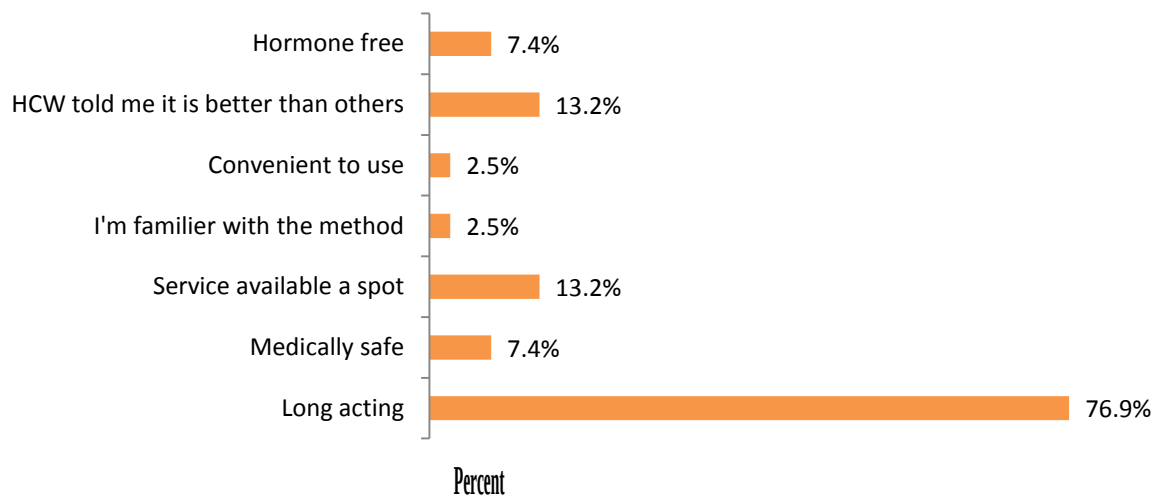


Fig.4 Reason for LARC use at the immediate postpartum period among mothers who gave birth in Addis Abeba public health facilities, Ethiopia, Jan 1, 2019 to April 30, 2019

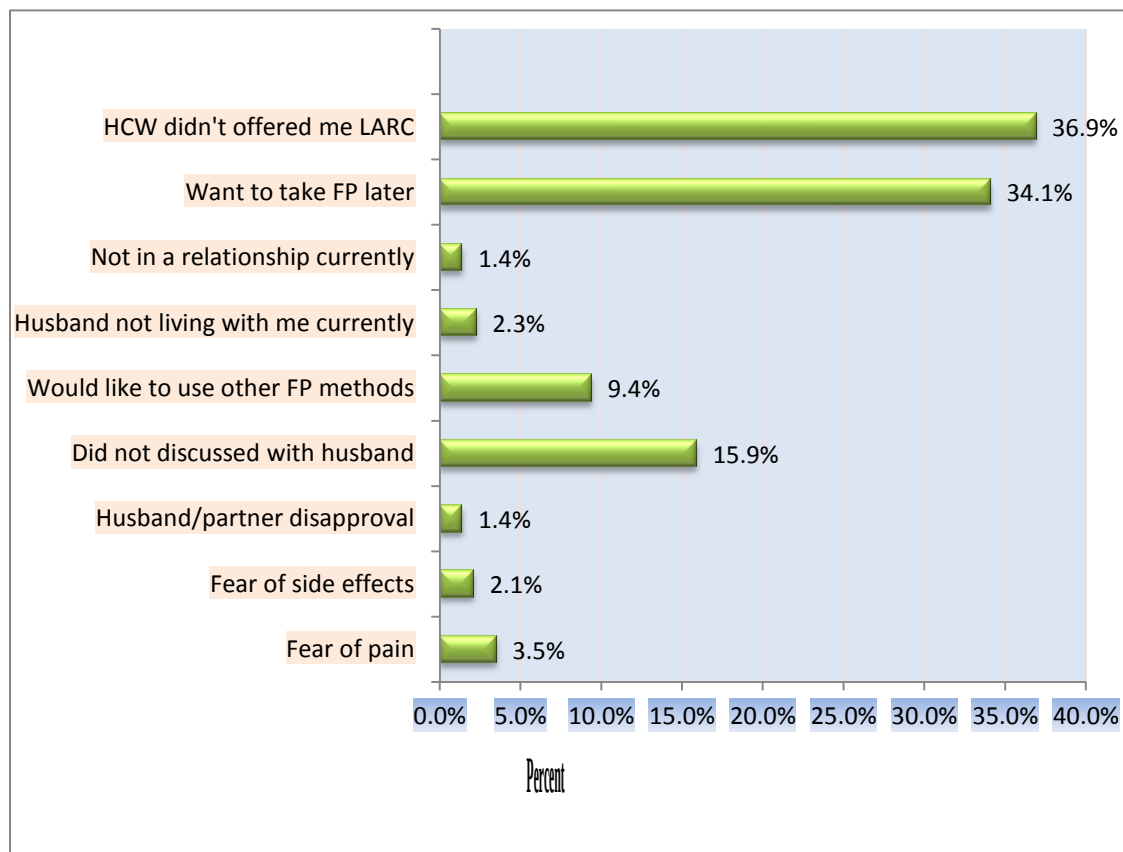


Fig. 5 Reason for not using LARC in the immediate postpartum period among mothers who gave birth in Addis Ababa public health facilities, Ethiopia, Jan. 1/2019 t April 30/2019

Table 3. Attitude of respondents towards utilization of LARC in the immediate postpartum period among mothers who gave birth in Addis Ababa Public Health Facilities, Ethiopia, Jan, 1/2019 to Apr. 30/2019 (n=693)

	Agree	Indifferent	Disagree
Like any women, I am susceptible to face pregnancy and delivery related complications if the interpregnancy interval is short (less than 24months).	562(81.1%)	44(6.3%)	87(12.6)
Pregnancy and delivery related complication that occur due to short interpregnancy interval can be severe and may be hazardous to the well being of any women.	403(58.1%)	33(4.8%)	257(37.1%)
Pregnancy and delivery related complication that occur due to short interpregnancy interval can be severe and may be hazardous to the well being of the current newborn.	482(69.6%)	80(11.5%)	131(18.9%)
Pregnancy and delivery related complication that occur due to short interpregnancy interval can be severe and may be hazardous to the well being of the next newborn.	444(64.1%)	105(15.1%)	144(20.8%)
Women should plan ahead of time, like during ANC follow up, what type of modern family planning that she will took within 48hr of delivery.	460(66.4%)	21(3.0%)	212(30.6%)
A women shouldn't plan ahead of time how to get to the place where she will get LARC	412(59.5%)	23(3.3%)	258(37.2%)
Women should not think of getting modern family planning such as LARC at the immediate postpartum period.	281(40.5%)	13(1.9%)	399(57,6%)
It should be only at or after six weeks of delivery that a women should think of getting modern family planning including LARC	380(54.8%)	24(3.5%)	289(41.7%)
Women shouldn't bother about getting pregnant within six weeks of delivery	292(42.1%)	25(3.6%)	376(54.3%)
Women do not get LARC in the immediate postpartum period because the health worker do not treat them respectfully	128()18.5%	32(4.6%)	533(76.9%)
Women are not sexually active within six weeks after delivery	391(56.4%)	46(6.6%)	256(37.0%)

Table 4. Respondents' Knowledge on short interpregnancy intervals and importance of family planning methods among mothers who gave birth in Addis Ababa Public Health Facilities, Ethiopia, Jan, 1/2019 to Apr. 30/2019

Variables	Number (n 000)	Percent (%)
Knowledge on obstetric problems that can occur if the inter pregnancy interval is short (n=693)		
Maternal Anemia	358	51.7
Third trimester bleeding	346	49.9
Puerperal endometritis	295	42.6
Increased rate of maternal death	211	30.4
Knowledge on problems that can occur to the baby if she became pregnant in less than 18 months (n=693)		
Preterm delivery	264	38.1
Low birth weight	442	63.8
Increase rate of newborn death	230	33.2
Knowledge on the advantage of modern family planning related services in relation to short intern pregnancy intervals? (n=000)		
It will help me to plan the time of the future pregnancy	555	80.1
It will help me to make the interpregnancy interval at least two years	445	64.2
It will help me to limit my children number	434	62.6
It will help for better health care to myself	469	67.7
It will help for better health care to the newborn	408	58.9
Overall knowledge on short interpregnancy intervals and importance of family planning methods		
Not knowledgeable	408	58.9
Knowledgeable	285	41.1

Table 5. Client satisfaction to LARC utilization before this pregnancy among mothers who gave birth in Addis Ababa Public Health Facilities, Ethiopia, Jan, 1/2019 to Apr. 30/2019 (n=208)

Variables	Satisfied	Dissatisfied
How satisfied were you with the time the health worker spent with you during counseling for family planning before this pregnancy?	202(97.11%)	6(2.89%)
How satisfied were you with the availability of supplies and equipment used by the health worker while you were provided LARC before this pregnancy?	207(99.52%)	1(0.80%)
How satisfied were you with the overall cleanliness of any instrument or equipment used by the health worker while you were provided the LARC before this pregnancy?	205(98.56%)	3(1.44%)
How satisfied were you with the courtesy and respect offered by the provider during provision of the LARC before this pregnancy?	205((98.56%)	3(1.44%)
How satisfied were you with the measure taken to assure your privacy, comfort while you were provided LARC before this pregnancy? E.g. private room, screened, etc	208(100%)	0(0.00%)
How satisfied were you with the professional competency and skill of the health worker(s) during the provision of LARC before this pregnancy?	207(99.52%)	1(0.80%)
Overall client satisfaction to the service obtained during LARC provision before this pregnancy	200(96.20%)	8(3.80%)

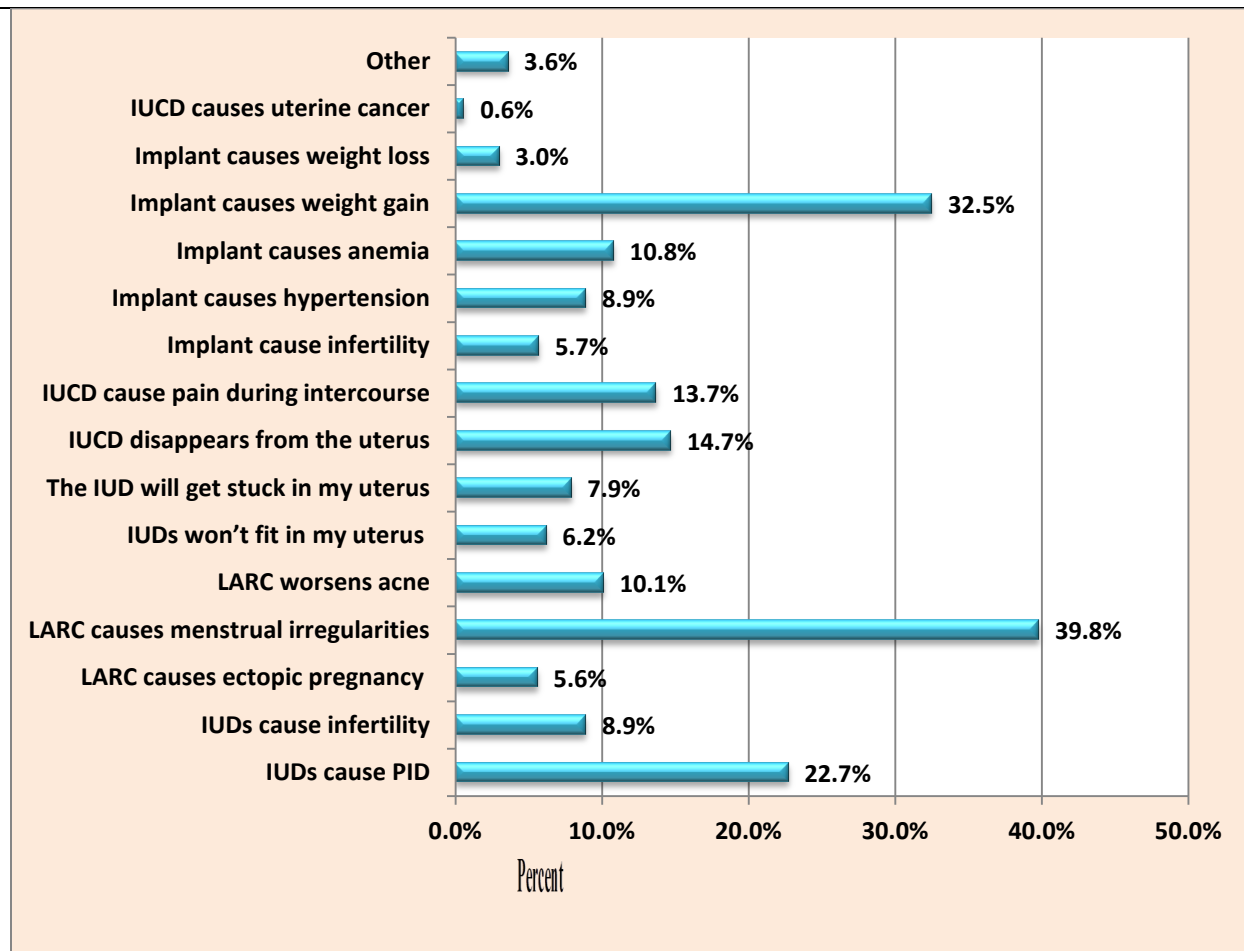


Fig. 6 Myths and Misconceptions heard about LARC by respondents who gave birth in Addis Ababa public health facilities, Jan. 1/2019 to April 30/2019

Out of the respondents five mothers used other contraceptive methods in the immediate postpartum period (two of them used BTL, one used pills and the other two mothers used "injectable"). Out of the 567 mothers who didn't take any form of contraceptive in the immediate postpartum period 522 (92.1%) have a plan to take modern FP in the future. Out of the 522 mothers who have a plan to take modern FP planning 67 (12.8%) of them wanted to take the FP at six weeks postpartum and 455 (87.2%) of them wanted to take FP after six weeks postpartum.

Those respondents who used and those who planned to use were asked for the reason to use and planning to use modern FP and 593 (91.5%) of them responded for spacing and 55 (8.5%) of them responded for limiting purpose.

Bivariate analysis

Bivariate analysis was done to see the association of socio-demographic factors, health care behavior,

obstetric factors, knowledge and attitude, to the outcome of interest which is LARCs use in the immediate postpartum period. Place of delivery (COR = 1.93, 95% CI: 1.24, 3.02), decision maker to use health care service (COR = 0.54, 95% CI: 0.36, 0.80), husbands attitude towards LARC (COR = 5.10, 95% CI: 2.48, 10.30), mode of delivery (COR = 0.46, 95% CI: 0.30, 0.68), parity (COR = 1.82, 95% CI: 1.1, 3.03), the first time respondents got counseling service about immediate postpartum LARC (COR = 4.53, 95% CI: 2.77, 7.40), attitude Overall (COR = 3.46, 95% CI: 2.27, 5.29), knowing before delivery that IUCD can be inserted within 48hr postpartum (COR = 0.14, 95% CI: 0.09, 0.21), knowing before delivery that implant can be inserted within 48hr postpartum (COR = 0.14, 95% CI: 0.09, 0.21), Knowledge on the methods that can prevent pregnancy for more than three years (COR = 5.75, 95% CI: 1.77, 18.67) showed association with the dependent variable (Table 6).

Factors associated with LARC utilization at the immediate postpartum period

All those variables which were found to be associated with outcome variable, which is LARC use in the immediate postpartum period, on bivariate analysis and the well known confounders (including all variables with **p value of less than 0.2**) were included in the multivariable logistic regression model and the following variables maintained their association: Attitude of respondents towards utilization of LARC in the immediate postpartum period was found to be one of the most important indicator for LARC use in the immediate postpartum period. Women having a positive attitude towards LARC use in the immediate postpartum period were 3.4 times more likely to use LARC at the immediate postpartum period than their counterparts (OR = 3.42, 95% CI: 1.96, 5.98). Place of delivery was found to be the other very important factor associated with LARC use in the immediate postpartum period. Mothers who deliver in government hospitals were about 3.3 times more likely to use LARC at the immediate postpartum period than those who deliver in government health centers (OR = 3.29, 95% CI: 1.41, 7.66). knowing before delivery that IUCD can be inserted within 48hr postpartum found to be another factor associated with LARCs use at the immediate postpartum period. Those women who didn't know, before the recent delivery, that IUCD can be inserted within 48hr postpartum were less likely to use LARC at the immediate postpartum period than their counterparts (OR = 0.29, 95% CI: 0.11, 0.76). knowing before delivery that implant can be inserted within 48hr postpartum found to be also another factor associated with LARCs use at the immediate postpartum period. Those women who didn't know, before the recent delivery, that implant can be inserted within 48hr postpartum were less likely to use LARC at the immediate postpartum period than their counterparts (OR = 0.31, 95% CI: 0.11, 0.89). Husband attitude towards LARC use was another very

important factor. Women having a husband with positive attitude towards LARC use were about 3.3 times more likely to use LARC at the immediate postpartum period than those women with a husband having negative attitude towards LARC use (OR= 3.26, 95 % CI: 1.46, 7.29) (Table 7).

Table 6. Independent variables that show association on Bivariate Analysis with LARC use in the immediate postpartum period among mothers who gave birth in Addis Ababa Public Health Facilities, Ethiopia, Jan, 1/2019 to Apr. 30/2019

Variable	Used LARC in the immediate postpartum period		Crude OR (95% CI)
	Yes	No	
	N(%)	N(%)	
Place of Delivery			
Hospital	92(20.54)	356(79.46)	1.93(1.24, 3.02)
Health Center	29(11.84)	216(88.16)	1.00
Decision maker to use Health Care			
Respondent	57(13.97)	351(86.03)	0.54(0.36, 0.80)
Husband/Partner	1(7.69)	12(92.31)	0.28(0.04, 2.17)
Both	63(23.16)	209(76.84)	1.00
Husbands attitude towards LARC			
Positive	99(25.19)	294(74.81)	5.10(2.48, 10.30)
Negative	9(6.25)	135(93.75)	1.0
Mode of Delivery			
SVD	50(12.79)	341(87.21)	0.46(0.30, 0.68)
Instrumental Delivery	2(10.53)	17(89.47)	0.37(0.08, 1.62)
Cesarean Section	69(24.38)	214(75.62)	1.00
Parity			
1	50(15.06)	282(84.94)	1.00
2	37(16.44)	188(83.56)	1.11(0.70, 1.76)
3-4	30(24.39)	93(75.61)	1.82(1.1, 3.03)
≥5	4(30.77)	9(69.23)	2.51(0.74, 8.45)
The first time she got counseling service about immediate postpartum LARC			
During ANC visit	45(48.91)	47(51.09)	4.53(2.77, 7.40)
During labor and delivery	13(48.15)	14(51.85)	4.39(1.97, 9.80)
Within 48hr of delivery	63(17.45)	298(82.55)	1.00
Attitude Overall			
Positive	85(26.81)	232(73.19)	3.46(2.27, 5.29)
Negative	36(9.57)	340(90.43)	1.00
Know, before delivery, IUCD can be inserted within 48hr postpartum			
No	58(10.45)	497(89.55)	0.14(0.09, 0.21)
Yes	63(45.65)	75(54.35)	1.00
Know, before delivery, Implant can be inserted within 48hr postpartum			
No	60(10.66)	503(89.34)	0.14(0.09, 0.21)
Yes	61(46.92)	69(53.08)	1.00
Knowledge on the methods that can prevent pregnancy for more than three years			
Implant	14(11.57)	107(88.43)	2.84(0.79, 10.24)
IUCD	4(14.81)	23(85.19)	3.77(0.78, 18.12)
Implant and IUCD	100(20.96)	377(79.04)	5.75(1.77, 18.67)
I Don't Know	3(4.41)	65(95.59)	1.00

Table 7. Factors associated with utilization of LARC in the immediate postpartum period among mothers who gave birth in Addis Ababa Public Health Facilities, Ethiopia, Jan, 1/2019 to Apr. 30/2019

Variable	Used LARC in the immediate postpartum period		Crude OR (95% CI)	Adjusted OR (95% CI)
	Yes	No		
	N(%)	N(%)		
Place of Delivery				
Hospital	92(20.54)	356(79.46)	1.93(1.24, 3.02)	3.29(1.41, 7.66)
Health Center	29(11.84)	216(88.16)	1.00	1.00
Decision maker to use Health Care				
Respondent	57(13.97)	351(86.03)	0.54(0.36, 0.80)	0.58(0.33, 1.01)
Husband/Partner	1(7.69)	12(92.31)	0.28(0.04, 2.17)	0.21(0.02, 2.10)
Both	63(23.16)	209(76.84)	1.00	1.00
Husbands attitude towards LARC				
Positive	99(25.19)	294(74.81)	5.10(2.48, 10.30)	3.26(1.46, 7.29)
Negative	9(6.25)	135(93.75)	1.0	1.00
Mode of Delivery				
SVD	50(12.79)	341(87.21)	0.46(0.30, 0.68)	1.07(0.55, 2.08)
Instrumental Delivery	2(10.53)	17(89.47)	0.37(0.08, 1.62)	0.43(0.06, 3.18)
Cesarean Section	69(24.38)	214(75.62)	1.00	1.00
Parity				
1	50(15.06)	282(84.94)	1.00	1.00
2	37(16.44)	188(83.56)	1.11(0.70, 1.76)	0.86(0.30, 2.47)
3-4	30(24.39)	93(75.61)	1.82(1.1, 3.03)	1.73(0.44, 6.82)
≥5	4(30.77)	9(69.23)	2.51(0.74, 8.45)	2.75(0.18, 42.58)
First time she got counseling about immediate postpartum LARC				
During ANC visit	45(48.91)	47(51.09)	4.53(2.77, 7.40)	1.44(0.47, 4.44)
During labor and delivery	13(48.15)	14(51.85)	4.39(1.97, 9.80)	2.51(0.72, 8.80)
Within 48hr of delivery	63(17.45)	298(82.55)	1.00	1.00
Attitude Overall				
Positive	85(26.81)	232(73.19)	3.46(2.27, 5.29)	3.42(1.96, 5.98)
Negative	36(9.57)	340(90.43)	1.00	1.00
Know, before delivery, IUCD can be inserted within 48hr postpartum				
No	58(10.45)	497(89.55)	0.14(0.09, 0.21)	0.29(0.11, 0.76)
Yes	63(45.65)	75(54.35)	1.00	1.00
Know, before delivery, Implant can be inserted within 48hr postpartum				
No	60(10.66)	503(89.34)	0.14(0.09, 0.21)	0.31(0.11, 0.89)
Yes	61(46.92)	69(53.08)	1.00	1.00

Adjusted for Socio-demographic variables, obstetric variables, knowledge of respondents and attitude of respondents. The results written in bold numbers indicate the results of those variables that show statistically significant association with the outcome variable in the Crude OR and Adjusted OR analysis

Discussion

This institution based cross sectional study attempted to measure magnitude of LARC use in the immediate postpartum period and to identify factors associated with utilization of LARC service at the immediate postpartum period among childbearing women who gave birth in public hospitals and public health centers in Addis Ababa, Ethiopia. In this study, the major factors associated with utilization LARCs service at the immediate postpartum period were found to be place of delivery , husbands attitude towards LARC , attitude of respondents towards LARC use at the immediate postpartum period, knowing before delivery that IUCD can be inserted within 48hr postpartum, and knowing before delivery that implant can be inserted within 48hr postpartum.

The study revealed that the prevalence of LARC use during the immediate postpartum period, which is a particularly favorable time for IUD or implant insertion [5] and which can be also be justified as one of the most important factor that can increase utilization of modern family planning and hence help to space pregnancy interval for 24 months and more and in turn bring down high rates of maternal mortality [3], to be 17.5 %. The remaining 82.5 % women didn't use LARC at the immediate postpartum period, and this women might be vulnerable to short inter pregnancy interval and might exposed to complications of short inter pregnancy interval among which are maternal anemia, preterm birth, low birth weight, increased rate of maternal and newborn deaths among others [20]. The low prevalence of LARC use in the immediate postpartum period in the city might be leading to a high number of maternal and neonatal morbidity and mortality. This calls for an accelerated, integrated and appropriate interventions to be carried out by all stakeholders to increase utilization of LARC during the immediate postpartum period. Unless appropriate actions are taken on time it might be difficult to achieve SDG.

Our finding is lower than the finding of immediate postpartum LARC use coverage in other studies such as Thailand (postpartum LARC use of 73.7% in the immediate postpartum counseling group), Kenya (uptake of 50.3% for immediate postpartum implants) and India (18.8% acceptance rate of PPIUCD in the immediate postpartum period) [24, 26, 27]. The relatively better coverage in utilization LARC in the immediate postpartum period in the aforementioned countries as compared to our findings might be due to the socioeconomic including infrastructure and the cultural differences that might exist across these countries. This finding is also lower than the study conducted in Sidama zone public health facilities, for immediate PPIUCD use only, Ethiopia (21.6% IUCD use within 48hr of delivery) [28]. This indicates the city public health facilities need to work with all stakeholders to improve utilization of LARC in the immediate postpartum period.

In this study one of the most important factor associated with utilization of LARC in the immediate postpartum period was found to be attitude of respondents towards utilization of LARC in the immediate postpartum period. Women who have positive attitude towards utilization of LARC in the immediate postpartum period had strong odds of using LARC in the immediate postpartum period than their counterparts. This might be due to the fact that knowing about the danger of short inter pregnancy interval to the mother herself, the new born and the next fetus; knowing the chance of getting pregnant before six weeks postpartum; and knowing the importance of using the opportunity of immediate postpartum period for utilization of LARC might drive the women to use LARC in the immediate postpartum period. On the contrary, those who think short inter pregnancy interval have no danger, who didn't think that women can become pregnant within 6 weeks postpartum and who think it is better to take LARC at or after six weeks of postpartum period might not prefer to take LARC during the immediate postpartum period. This finding is consistent with other studies conducted in Ethiopia [29, 46].

The study found that the place where the mother gave birth as one of the most important factor for utilization of LARC service within the immediate postpartum period. Women who delivered in government hospitals were more likely to use LARC in the immediate postpartum period than women who deliver in government health centers. This finding suggests that health institution that can provide health service with high level health professionals might give a better counseling about immediate postpartum use than the lower health professionals found in health centers. It is customary to report the daily family planning services provided for those mothers who delivered in the study hospitals during the morning meeting and this might also increase the coverage of utilization of LARC in the immediate postpartum period by reinforcing the health workers to give the service. This finding of the study is consistent with other study conducted in Sirilanka [1].

knowing, before the recent delivery, that IUCD can be inserted within 48hr postpartum was the other important factor for using LARC in the immediate postpartum period. Women who didn't know, before the recent delivery, that IUCD can be inserted within 48hr postpartum were less likely to use LARC during the immediate postpartum period. knowing, before the recent delivery, that implant can be inserted within 48hr postpartum was also another important factor for using LARC in the immediate postpartum period.

Women who didn't know, before the recent delivery, that implant can be inserted within 48hr postpartum were less likely to use LARC during the immediate postpartum period. Both of these finding suggests that it is not only providing family planning counseling before delivery, especially during ANC service, but it rather specifically emphasizing during the counseling, that is given at ANC period, on the availability of

immediate postpartum LARC service and counseling on the importance of immediate postpartum LARC use; that has an impact on boosting utilization of LARC by mothers during the immediate postpartum period. This finding of the study is consistent with other study conducted in Ethiopia [28].

Husband's attitude towards LARC use was the other factor that is found to be influencing utilization of LARC during the immediate postpartum period. Women having a husband with positive attitude towards LARC use were more likely to use LARC during the immediate postpartum period than women whose husbands have negative attitude towards LARC use. Husbands having negative attitude towards LARC use might not support their wife to use LARC as they are usually the decision maker in major events in the family. This finding indicates that the support from husband is very helpful for the women to use LARC in the immediate postpartum period. This finding of the study is consistent with other study conducted in Adama and Aksum, Ethiopia [22, 46].

Limitations of the study

The result of this study should be interpreted carefully as it might be difficult to establish cause- effect relation-ship due to the cross sectional nature of the study. Even if the training of data collectors as well as supervisors with the supply of questionnaire for interviewing and the memorable nature of most of the events can have a significant impact in minimizing biases, it might still be difficult to exclude recall bias as some participants were expected to remember events that happened up to 9 months back and for few question more than 9 months.

The relatively sensible proportion of government hospital and government health center participants from reasonable number of government hospitals and government health centers with larger sample size, and the design of the study which used probability sampling technique that helps to minimize selection bias thus can be generalized for public hospitals and public health centers, are some of the strengths that can give adequate power for the study regardless of its limitations.

Conclusion

This study demonstrates that LARC utilization during the immediate postpartum period in the city is low. There is great disparity between those mothers who delivered in government hospitals and government health centers in using LARC during the immediate postpartum period. Besides place of delivery, the most important factors associated with use of LARC in the immediate postpartum period were found to be attitude of mother towards immediate postpartum LARC use, knowing that IUCD can be inserted during

the immediate postpartum period, knowing that implant can be inserted during the immediate postpartum period, and husband attitude towards LARC use. If most mothers carry on not taking LARC during the immediate postpartum period they will continue to encounter unintended pregnancy with resulting short inter pregnancy related complications; and the high maternal as well as neonatal morbidity and mortality in the country will persist. Hence all stakeholders including policy makers, planners and health service managers should distinguish factors associated with utilization of LARC during the immediate postpartum period and work strongly to curb the situation.

Recommendation

All stakeholders should give attention to improve the service coverage and quality of family planning counseling with emphasis on immediate postpartum LARC by giving updated training for health professionals' that works in health institutions at respective departments followed by supportive supervision and mentoring. Mothers, husbands and the community at large should get health education using various medias and BCC services to promote positive behavior towards utilization of LARC during the immediate postpartum period. In our study, knowing by the mothers before their recent delivery (could be during recent pregnancy ANC follow up and/or at least during laboring time and even before this pregnancy as well) that IUCD and implant can be inserted during the immediate postpartum period have an impact on the service utilization. This calls for the need for improvement in increasing knowledge of mothers about immediate postpartum LARC and help them to decide upon it before delivery, especially during ANC follow up; and hence besides providing FP service during immediate postpartum period; it calls for the need for integration of strong family planning service with ANC service focusing on immediate postpartum LARC use.

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ASSURANCE OF PRINCIPAL INVESTIGATOR

I the undersigned agree to accept all responsibilities for the scientific and ethical conduct of the research project. I will provide timely progress report to my advisor and seek the necessary advice and approval from my primary advisors in the course of the research. I will communicate timely to my advisors all stakeholders involved in the study including any source of funding for this research.

Name of the student: _____

Signature: _____

Date: _____

Approval of the primary Advisor

Name of the primary advisor:_____

Signature: _____

Date: _____

ANNEXES

ANNEX 1. Questionnaire (Data collection instrument)

Informed consent

Approach a woman in postpartum period upon immediate decision of discharge:

Hello my name is _____ and I am part of a team of people who are conducting a survey on “Magnitude and factors associated with utilization of Long Acting Reversible Contraceptive methods (LARCs) in the Immediate Postpartum Period in Addis Ababa Public Health Facilities, Ethiopia” (Show the letter of approval from each health facilities [HF]). The information we collect will be disseminated to the government bodies and other stakeholders so that it can be used as an input for improvement of LARC use in the immediate postpartum period. You were selected for the survey. I would like to ask you some questions and it will take about 30 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, I hope that you will participate in this survey since your views are very important for improving the health of childbearing women and their newborns in Addis Ababa and our country, and I would very much appreciate your participation in this survey.

Do you want to ask me anything about the survey? May I begin the interview now?

Name of respondent _____ Sign _____ Date _____

Signature of interviewer: _____ Date of interview ____/____/____; Start time ____ End time ____

If respondent does not agree to be interviewed thank her and go to the next respondent.

If respondent agrees to be interviewed, continue the interview.

01. When did you gave birth to your last baby? __Day__Mth ____Yr ____hr back (in Eth. Calendar).

Is it within the last 48 hours? 1. Yes 2. No

If 48 hours past after delivery, then the mother is not eligible for the full interview.

02. Is it in Addis Ababa public HF that you gave birth to your last (the current) baby? 1. Yes 2. No

If she didn't give birth to her last baby in Addis Ababa public HF, she is not eligible for the full interview.

03. When did you start to live in Addis Ababa? ____ Month ____ Year (in Ethiopian Calendar).

Is it for: 1. For < 1yr 2. For > 1yr

If the answer is for < 1yr (12 months), then the respondent is not eligible for the survey.

If the answer to Question 01, 02 and 03 are 1, 1 and 2 respectively then the respondent is eligible for the survey, hence continue with the full interview.

001. Questionnaire Code _____

002. Address: Subcity _____

Kebele _____

003. Card No. _____

Phone number _____

Part I. Respondent's socio demographic factors				
No.	Questions and filters	Coding categories	Skip	Code
101	In what month and year were you born?	Month _____ Year _____ I don't know the month = 98 I don't know the year = 9998		
102	How old were you at your last birthday? Compare and correct question101 if inconsistent.	Age in completed years _____		
103	Have you ever attended school?	Yes 1 No 2 → 106		
104	What is the highest level of school you attended: primary, secondary, technical/vocational or higher?	Primary 1 Secondary 2 Technical/vocational 3 Higher 4		
105	What is the highest grade/number of years you completed at that level? If completed less than one year at that level record '00'.	Grade/number of years _____		
106	Have you ever attended a Bible school or Koranic school or any other informal school that involves learning to read and/or write (not including primary school)?	YES.....1 NO.....2 → 108		
107	Now I would like you to read this sentence to me. Show card to respondent. If respondent cannot read whole sentence, probe: can you read any part of the sentence to me?	Cannot read at all.....1 Able to read only parts of sentence.....2 Able to read whole sentence.....3 No card with required language.....4 (specify language) _____ Blind/visually impaired.....5		
108	What is your marital status? Are you currently married or living together with a man as if married, widowed, divorced, separated or never married?	Currently married.....1 Living with a man as if married.....2 Widowed.....3 Divorced.....4 Separated.....5 Never married.....6 → 112		
109	How old were you at your first marriage?	Age in completed years _____		
110	What is the educational status of your husband?	Primary 1 Secondary.....2 Technical/vocational.....3 Higher.....4 He can only read and write.....5 He can't read and write.....6 Don't know.....87		
111	What is your husband's/partner's occupation? That is, what kind of work does he mainly do?	Self employed.....1 Private employee.....2 Government employee.....3 Merchant.....4 Farmer.....5 Student.....6 Other (specify).....88		

No.	Questions and filters	Coding categories	Skip	Code
112	What is your occupation, that is, what kind of work do you mainly do?	Housewife.....1 Self Employed.....2 Private Employee.....3 Government Employee.....4 Merchant.....5 Farmer.....6 Student.....7 Other(specify).....87		
113	What is the average monthly income of the household (including all incomes i.e. yours, and all other sources of income in the household)?	_____ Birr I don't know.....87 Has no income 86		
Check question 107 ☐ Code 1 or 5 circled ☐ → Code 2, 3 or 4 circled ☐			115	
114	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	At least once a week 1 Less than once a week 2 Not at all 3		
115	Do you have television and/or radio?	Has only television.....1 Has only radio.....2 Has both radio and television.....3 Neither have radio nor television...4		
116	Do you listen to the radio at least once a week, less than once a week or not at all? (Including listening to radio not only in your home but anywhere)	At least once a week 1 Less than once a week 2 Not at all 3		
117	Do you watch television at least once a week, less than once a week or not at all? (Including watching to television not only in your home but anywhere)	At least once a week 1 Less than once a week 2 Not at all 3		
118	What is your religion?	Orthodox 1 Catholic 2 Protestant 3 Muslim 4 Traditional 5 Other 87 (specify)		
119	What is your ethnicity? Record the major ethnic group.	_____		
Part II. Obstetric related factors				
201	How old were you at your first pregnancy?	Age in completed years _____		
202	Now I would like to ask about all the pregnancies you have had during your life. How many pregnancies you have had during your life?	Number of Pregnancies _____		
203	Do you have any history of abortion?	Yes.....1 No.....2 → 205		
204	How many abortions did you encounter?	Number of abortions _____		
205	How many sons and daughters you have had given birth (both live and still births)?	Sons: Number of Live births ____ Number of Still births ____ Daughters: Number of Live births ____ Number of Still births ____		

No.	Questions and filters	Coding categories	Skip	Code
206	Do you and your husband have a plan to have more children?	Yes.....1 No.....2 →	208	
207	If yes to Q206, how long from now you want to wait before getting pregnant again?	Months_____		
208	Have you ever heard of family planning methods?	Yes.....1 No.....2		
209	If yes to Q208, what is the source of first information on FP?	Neighbours.....1 Friends.....2 Relatives.....3 Health professionals.....4 Mass media.....5 Husband.....6 School.....7 Other_____		
210	Which contraceptive methods you know? (Only circle when respondent names) Probe: Any other?	Depo/Injectables.....1 IUCD.....2 Implants (Implanon, Sinoplant, Jadelle) underline one.....3 OCP.....4 Male condom.....5 Female condom.....6 LAM.....7 Tubal ligation.....8 Vasectomy.....9 Withdrawal.....10 Other(specify)_____		
211	Before this recent pregnancy, did you use any type of contraception?	Yes.....1 No.....2 →	213	
212	If yes to Q#211, which method did you use before this pregnancy? (Let respondent cite out first) Probe: Any other family planning method? More than one answer is possible. Circle all the methods that she used.	Depo/Injectables.....1 IUCD.....2 Implants (Implanon, Sinoplant, Jadelle) underline one.....3 OCP.....4 Male condom.....5 Female condom.....6 LAM.....7 Withdrawal.....10 Other(specify)_____		
213	Was the recent pregnancy a planned one?	Yes.....1 No.....2		
214	Did you attend ANC while you were pregnant to the baby that you gave birth now (≤ 48 hrs)?	Yes.....1 No.....2 →	219	

No.	Questions and filters	Coding categories	Skip	Code
215	Where did you receive antenatal care while you were pregnant to the baby that you gave birth now (≤ 48hrs)? Anywhere else? Probe to identify type(s) of source(s). If unable to determine if public or private sector, write the name of the place. _____ (name of the place(s))	Home Your home.....a Other home.....b Public sector Govt. hospital.....c Govt. health center.....d Govt. health station/clinic.....e Govt. health post.....f Other Public _____g (specify) NGO health facility h Private med. sector Pvt. Hospital.....i Pvt. Clinic j Other private med.....k (specify) Other (specify)_____87		
216	Whom did you see? Anyone else? Probe to identify each type of person and record all mentioned.	Health personnel Doctor a Nurse/midwife b HEW c Other health personnel d (specify)_____		
217	How many months pregnant were you when you first received antenatal care while you were pregnant to the baby that you gave birth now (≤ 48hrs)?	Months_____ Don't know 88		
218	How many times did you attend ANC service while you were pregnant to the baby that you gave birth now (≤ 48hrs)?	Number of visits----- I DON'T KNOW-----88		
219	Did a health care service provider talked to you about FP?	Yes.....1 No.....2	→ 221	
220	If yes to 219, when was the health care service provider talked to you about FP?	During ANC follow up.....1 During Labor for this baby.....2 Within 48hrs right after delivery...3		
221	Before this delivery; did you know that IUCD can be inserted right after or within 48hrs of having a baby (PPIUCD)?	Yes.....1 No.....2		
222	Before this delivery; did you know that Implants (Implanon, Sinoplnat or Jadelle) can be inserted right after or within 48hrs of having a baby?	Yes.....1 No.....2		
223	Did a health service provider talked to you about immediate postpartum (within 48hr) IUCD and implants?	Yes.....1 No.....2	→ 226	
224	If yes to Q223, when was the first time your service provider talked to you that IUCD and implants can be given in the immediate postpartum period (within 48hr of delivery)?	During ANC follow up.....1 During Labor for this baby...2 Right after delivery.....3		

No.	Questions and filters	Coding categories	Skip	Code
225	How many times your service provider discussed with you about utilization LARC methods in the immediate postpartum period (within 48hrs of delivery)? Explain what LARC means	One times.....1 Two times.....2 three times.....3 Other (specify)_____		
226	Did you receive LARC after you gave birth to this baby (within 48hr after delivery)? Explain her about LARC	Yes.....1 No.....2 → 234		
227	If yes to Q226 which type of LARC did you take?	IUCD.....1 Implanon.....2 Sinoplant.....3 Jadelle.....4		
228	At what time did you receive the LARC?	Within 10 minutes of delivery.....1 After 10 min but within 48 hrs.....2		
229	When did you decide to have the LARC (mention the specific LARC that she took)?	During ANC follow up.....1 During Labor for this baby.....2 Right after delivery.....3		
230	Why did you decide to have the LARC that you choose? Multiples answers are possible (Interviewer don't read out the possible responses)	Long acting.....1 Hormone free.....2 Medically safe.....3 Service available at the spot.....4 I'm familiar with the method.....5 My friend are using it.....6 Convenient to use.....7 The health service provider told me it is better than all other methods.....8 No other option given to me.....9 Other(specify)_____87		
231	Why you did not decide to receive LARC in the immediate postpartum period (within 48 hrs after delivery)? Multiples answers are possible (Interviewer don't read out the possible responses)	Fear of pain.....1 Fear of side effects.....2 Husband/partner disapproval.....3 Did not discussed with husband.....4 Mather in law did not want.....5 Other accompany did not want.....6 I would like to use another method.....7 I just did not want LARC because many people talked many negative things about them.....8 Currently my husband is not living with me.....9 Currently I am not in a relationship 10 Other(specify)_____87		

No.	Questions and filters	Coding categories	Skip	Code
232	What negative things about LARC have you heard from other people? Multiples answers are possible	Yes No IUDs cause PID.....1 IUDs cause infertility.....1 LARC causes ectopic pregnancy.....1 LARC causes menstrual irregularities.....1 LARC worsens acne.....1 IUDs won't fit in my uterus...1 The IUD will get stuck in my uterus.....1 IUCD disappears from the uterus.....1 IUCD cause pain during intercourse.....1 Implant causes infertility.....1 Implant causes hypertension..1 Implant causes anemia.....1 Implant causes weight gain.....1 Other(specify)_____ _____ I heard nothing-----88		
233	What other modern family planning methods, other than LARC, were you told by your service provider which could be suitable for immediate postpartum period? Let her list out the other methods. Explain what LARC means.	Female sterilization.....1 Pills.....2 Indetectable/Depo provera.....3 Other(specify)_____ _____ I don't know.....87		
234	Did you receive modern family planning methods other than LARC after you gave birth to this baby (within 48hr after delivery)?	Yes.....1 No.....2	→ 236	
235	If yes to Q234, which type of modern family planning methods other than LARC have you used after you gave birth to this baby (within 48hr after delivery)?	Female sterilization.....1 OCP.....2 Indetectable/Depo provera.....3 Other(Specify)_____ _____87		
236	If no to Q234, are you going to take modern family planning methods in the future? Explain to her what modern family planning means?	Yes.....1 No.....2	→ 301	
237	If yes to Q236, when do you plan to take modern family planning methods? Expaline to her what modern family planning means?	At six weeks of delivery.....1 After six weeks of delivery.....2		

No.	Questions and filters	Coding categories	Skip	Code
238	Which type of modern family planning methods are you going to use?	Depo/Injectables.....1 IUCD.....2 Implants (Implanon, Sinoplant, Jadelle) underline one.....3 Pills.....4 Male condom.....5 Female condom.....6 Tubal ligation.....7 Vasectomy.....8 Other(specify)..... 87		
239	Why do you want to use family planning?	For spacing.....1 For limiting.....2 Other (specify)..... 87		
Check 226: If she received LARC ☐ If she didn't received LARC ☐			301	
240	Do you have any concerns or questions regarding using LARC (mention the type of LARC that she used)	Yes.....1 No.....2	301	
241	What are the concerns or questions? List all the concerns that she mentioned. Probe: Any other concerns?	1. 2. 3. 4. 5.		
Part III. Practice of respondents during the last delivery				
301	What was the mode of delivery you had for your new baby that you gave birth in the last 48hrs? Was it caesarean, that is, did they cut your belly open to take the baby out, or was it spontaneous vaginal delivery or instrumental vaginal delivery?	Spontaneous vaginal delivery.....1 Instrumental vaginal delivery.....2 Caesarean section.....3		
Part IV: Satisfaction of respondents during the provision of LARC before this pregnancy				
401	Check 212: If ever used LARC ☐ If ever not used LARC ☐ (answer 2or 3) before this pregnancy (answer other than 2or 3) before this pregnancy		501	
401 A	How satisfied were you with the time the health worker spent with you during counseling for family planning before this pregnancy?	Very satisfied 1 Satisfied.....2 Neutral.....3 Dissatisfied.....4 Very dissatisfied.....5		
402	How satisfied were you with the availability of supplies and equipment used by the health worker while you were provided LARC before this pregnancy?	Very satisfied 1 Satisfied.....2 Neutral.....3 Dissatisfied.....4 Very dissatisfied.....5		

No.	Questions and filters	Coding categories	Skip	Code
403	How satisfied were you with the overall cleanliness of any instrument or equipment used by the health worker while you were provided the LARC before this pregnancy?	Very satisfied 1 Satisfied.....2 Neutral.....3 Dissatisfied.....4 Very dissatisfied.....5		
404	How satisfied were you with the courtesy and respect offered by the provider during provision of the LARC before this pregnancy?	Very satisfied 1 Satisfied.....2 Neutral.....3 Dissatisfied.....4 Very dissatisfied.....5		
405	How satisfied were you with the measure taken to assure your privacy, comfort while you were provided LARC before this pregnancy? E.g. private room, screened, etc	Very satisfied 1 Satisfied.....2 Neutral.....3 Dissatisfied.....4 Very dissatisfied.....5		
406	How satisfied were you with the professional competency and skill of the health worker(s) during the provision of LARC before this pregnancy?	Very satisfied 1 Satisfied.....2 Neutral.....3 Dissatisfied.....4 Very dissatisfied.....5		
Part V. Predisposing factor: A. Woman's attitude on interpregnancy intervals and utilization of LARC at the immediate postpartum period				
501	Like any women, I am susceptible to face pregnancy and delivery related complications if the interpregnancy interval is short (less than two years).	I agree.....1 Indifferent.....2 I disagree.....3		
502	Pregnancy and delivery related complications that occur due to short interpregnancy interval can be severe and may be hazardous to the well being of any women.	I agree.....1 Indifferent.....2 I disagree.....3		
503	Pregnancy and delivery related complications that occur due to short interpregnancy interval can be severe and may be hazardous to the well being of the current newborn.	I agree.....1 Indifferent.....2 I disagree.....3		
504	Pregnancy and delivery related complications that occur due to short interpregnancy interval can be severe and may be hazardous to the well being of the next newborn.	I agree.....1 Indifferent.....2 I disagree.....3		
505	Women should plan ahead of time, like during ANC follow up, what type of modern family planning that she will took within 48hr of delivery.	I agree.....1 Indifferent.....2 I disagree.....3		
506	A women shouldn't plan ahead of time how to get to the place where she will get LARC	I agree.....1 Indifferent.....2 I disagree.....3		
507	Women should not think of getting modern family planning such as LARC at the immediate postpartum period.	I agree.....1 Indifferent.....2 I disagree.....3		

No.	Questions and filters	Coding categories	Skip	Code
508	It should be only at or after six weeks of delivery that a women should think of getting modern family planning including LARC	I agree.....1 Indifferent.....2 I disagree.....3		
509	Women shouldn't bother about getting pregnant within six weeks of delivery	I agree.....1 Indifferent.....2 I disagree.....3		
510	Women do not get LARC in the immediate postpartum period because the health worker do not treat them respectfully	I agree.....1 Indifferent.....2 I disagree.....3		
511	Women are not sexually active within six weeks after delivery	I agree.....1 Indifferent.....2 I disagree.....3		
Part V. Predisposing factor: B. Knowledge on short interpregnancy intervals and importance of family planning methods				
512	Can you mention obstetric problems that can occur if the inter pregnancy interval is short? (Probe: ask for the problems which are not mentioned spontaneously) Record all mentioned.	Yes No Maternal Anemia.....1 2 Third trimester bleeding.....1 2 Puerperal endometritis.....1 2 Increased rate of maternal death.....1 2 Others (Specify).....87		
513	Can you mention problems that can occur to your baby if you became pregnant in less than 18 months? (Probe: ask for the problems which are not mentioned spontaneously) Record all mentioned.	Yes No Preterm.....1 2 Low birth weight.....1 2 Increase rate of newborn death...1 2 Others (Specify).....8 7		
514	What do you think is the advantage of modern family planning related services in relation to short intern pregnancy intervals? (Probe: ask for the advantages which are not mentioned spontaneously) Record all mentioned.	Yes No It will help me to plan the time of the future pregnancy...1 2 It will help me to make the interpregnancy interval at least two years.....1 2 It will help me to limit my children number.....1 2 It will help for better health care to the women (for preventing morbidity and mortality).....1 2 It will help for better health care to the newborn (for preventing morbidity and mortality).....1 2 Others(Specify)..... 87		

No.	Questions and filters	Coding categories	Skip	Code
Part V. Predisposing factor: C. Knowledge on LARC methods				
515	What are the methods that can prevent pregnancy for three and more than three years?	Implant.....1 IUCD.....2 Implant and IUCD.....3 Others(Specify)..... I Don't Know.....4		
516	For how long does Implants prevent pregnancy?	For one year.....1 For two years.....2 For 3 to 5 years.....3 For more than 5 years.....4 I Don't Know.....5		
517	For how long does IUCD prevent pregnancy?	For 1 to 4 years.....1 For 5 to 12 years.....2 For more than 12 years.....3 I Don't Know.....5		
518	There is hormone free IUCD which is mostly available in our country.	Yes.....1 No.....2 I Don't Know.....3		
519	A woman can become pregnant immediately upon removal of IUCD unless she has some other problems that can cause infertility.	Yes.....1 No.....2 I Don't Know.....3		
520	A woman can become pregnant immediately to within few months upon removal of implant unless she has some other problems that can cause infertility.	Yes.....1 No.....2 I Don't Know.....3		
Part VI. Enabling factors (Availability and accessibility of services)				
601	Does this health facility have all modern family planning methods including LARCs?	Yes.....1 No.....2 Don't know.....88		
602	Is there skilled health worker in the facility that can provide you LARC?	Yes.....1 No.....2 Don't know.....88		
603	Do you have to pay for utilization of modern family planning methods including LARCs?	Yes.....1 No.....2 Don't know.....88		
604	Do you have access to Family planning information?	Yes.....1 No.....2	701	
605	What is the source of Family planning information?	Radio.....1 TV.....2 Newspaper.....3 Health workers.....4 Others (Specify).....87		
Part VII. Reinforcing factors (Influences and social support)				
701	What is your husband's attitude towards modern family planning methods in general?	Positive 1 Negative 2 Don't know.....87		
702	What is your husband's attitude towards LARCs?	Positive 1 Negative 2 Don't know.....88		

No.	Questions and filters	Coding categories	Skip	Code
703	Did you discussed about LARC with anyone other than a service provider before deciding on receiving LARC? Explain what LARC means.	Yes.....1 No.....2 →	706	
704	If yes to Q703, with whom did you discussed about LARC before deciding to use it? Multiple responses are possible.	Husband.....1 Mother.....2 Mother in Law.....3 Sister.....4 Friend.....5 Other (specify).....6		
705	If yes to Q703, what was the response from the above relative?	Supportive.....1 Opposition.....2 Neutral.....3		
706	What is the preference of your husband to the family planning methods after the delivery of this baby?	Depo/Injectables.....1 IUCD.....2 Implants (Implanon, Sinoplant, Jadelle) underline one.....3 OCP.....4 Male condom.....5 Female condom.....6 LAM.....7 Tubal ligation.....8 Vasectomy.....9 Withdrawal.....10 Others (Specify).....87 I don't know.....88		
707	What was the preference of your husband about the time of taking modern family planning methods?	At the immediate postpartum period.....1 At six weeks of postpartum period.....2 After six weeks of postpartum period.....3 I don't know.....88		
708	What is the preference of other members of your family to the family planning methods after the delivery of this baby?	Depo/Injectables.....1 IUCD.....2 Implants (Implanon, Sinoplant, Jadelle) underline one.....3 OCP.....4 Male condom.....5 Female condom.....6 LAM.....7 Tubal ligation.....8 Vasectomy.....9 Withdrawal.....10 Others (Specify).....88 I don't know.....87		

No.	Questions and filters	Coding categories	Skip	Code
709	What was the preference of other members of your family about the time of taking modern family planning methods?	At the immediate postpartum period.....1 At six weeks of postpartum period.....2 After six weeks of postpartum period.....3 I don't know.....88		
Part VIII. Women's decision power				
801	Who usually makes decisions about health care for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else?	Respondent.....1 My husband/partner.....2 Respondent and Husband/partner jointly 3 My family & relatives.....4 Health professionals.....5 Others (Specify).....87		
802	Who is the decision maker for utilization of family planning?	Respondent.....1 My husband/partner.....2 Respondent and Husband/partner jointly 3 My family & relatives.....4 Health professionals.....5 Others (Specify).....87		
803	Check 226 If the women received LARC after she gave birth to this baby (within 48hr after delivery)	If the women didn't receive LARC after she gave birth to this baby (within 48hr after delivery)	804	
803 A	If the women received LARC after she gave birth (within 48hr after delivery) to this baby, who made the final decision to receive LARC within 48hr after delivery?	Respondent.....1 My husband/partner.....2 Respondent and Husband/partner jointly 3 My family & relatives.....4 Health professionals.....5 Others (Specify).....87		
804	If the women didn't receive LARC after she gave birth (within 48hr after delivery) to this baby, who made the final decision not to receive LARC within 48hr after delivery?	Respondent.....1 My husband/partner.....2 Respondent and Husband/partner jointly 3 My family & relatives.....4 Health professionals.....5 Others (Specify).....87		

Date of data collection_____

Name of data collector_____

Code of data collector_____

Signature of data collector_____

Name and signature of supervisor_____

ቅፅ 1: መጠይቅ (መረጃ መሰብሰቢያ መሣሪያ)

በመረጃ ላይ የተመሠረተ ፈቃደኝነት

እናትየው ከጤና ድርጅቱ መውጣት እንደምትችል እንደተወሰነ ቶሎ ይቅረቧት፡፡

እንደምን አለ? ስሜ _____ እባላለሁ፡፡ "በአዲስ አበባ ከተማ ወስጥ ባሉ የመንግስት ጤና ድርጅቶች ውስጥ የወለዱ እናቶች ምን ያህሉ በማህፀን ውስጥ እና በእጅ ጡንቻ ስር የሚቀበሩ ለረጅም ጊዜ የሚያገለግሉ የእርግዝና መከላከያዎችን በወለዱ በአርባ ስምንት ሰአት ውስጥ ተጠቃሚ እንደሆኑ እና ከዚህ አጠቃቀም ጋር የተያያዙ ወሳኝ ምክንያቶችን" በሚያጠናው ጥናት ላይ የመረጃ ሰብሳቢዎች ቡድን አባል ነኝ፡፡ (ከጤና ቢሮ የተጻፈውን የድጋፍ ደብዳቤ ያሳይዋቸው)፡፡ የሚሰበሰበው መረጃ ለመንግስት አካላት እና ለሌሎች ባለድርሻ አካላት በማህፀን ውስጥ እና በእጅ ጡንቻ ስር የሚቀበሩ ለረጅም ጊዜ የሚያገለግሉ የእርግዝና መከላከያዎችን እናቶች በወለዱ በአርባ ስምንት ሰአት ውስጥ ተጠቃሚ የሚሆኑበት አገልግሎት እንዲሻሻል እንደግብዓት እንዲጠቀሙበት የሚሰራጭ ይሆናል፡፡ አርሶ ለጥናቱ ተመርጠዋል፡፡ የተወሰኑ ጥያቄዎችን ልጠይቁት እፈልጋለሁ፡፡ ጥያቄዎቹን ለመጠየቅ እስከ 30 ደቂቃ ገደማ የሚሆን ጊዜ ይወስዳል፡፡ የሚሰጡኝ መልሶች በሙሉ በሚስጥር የሚጠበቁ ሲሆን ከጥናት ቡድኑ በስተቀር የሰጡንን መልስ ለሌሎች ሰዎች አናካፍልም፡፡

በዚህ ጥናት ላይ የሚሳተፉት በርስዎ ሙሉ ፍቃደኝነት ሲሆን አንዳንድ ጥያቄዎችን ወይም ሁሉንም ጥያቄዎች አለመመለስ ይችላሉ፡፡ ነገር ግን የርስዎ ተሳትፎና አስተያየቶች በአዲስ አበባ እና በሀገራችን ለሚገኙ በመውለድ ዕድሜ ክልል ውስጥ ላሉ ሴቶች እና ለጨቅላ እፃናት ጤንነት እጅግ ጠቃሚ ስለሆኑ በዚህ ጥናት ላይ እንደሚሳተፉ ሙሉ ተስፋ ያለኝ ሲሆን ፤ እኔም እርስዎ በጥናቱ እንዲሳተፉ እያበረታታሁት ፤ ለተሳትፎዎ የሚኖረኝን ከፍተኛ አድናቆት ከወዲሁ ልገልፅሎት እወዳለሁ፡፡

ስለጥናቱ ሊጠይቁኝ የሚፈልጉት ጥያቄ አለ?

ጥያቄውን መጀመር እችላለሁ ?

የጥናቱ ተሳታፊ (የመላሻ) ስም _____ ፊርማ _____ ቀን _____

የጠያቂው ፊርማ _____ ቀን ____/____/____ የተጀመረበት ሰዓት _____ ያለቀበት ሰዓት _____

መላሻ ለቃለምልልሱ ፈቀደኛ ካልሆኑ ያመስግኗቸው እና ወደሚቀጥሉት መላሽ ይሂዱ፡፡

መላሻ ለቃለምልልሱ ፈቀደኛ ከሆኑ ጥያቄዎን ይቀጥሉ፡፡

01. የመጨረሻው ልጅዎን የወለዱት መቼ ነው? _____ ወር _____ ዓ.ም

ባለፉት 48 ሰዓታት ውስጥ ነው? 1. አዎ 2. አይደለም

ባለፉት 48 ሰዓታት ውስጥ የወለዱ ካልሆነ ለቃለ ምልልሱ እጩ አይደሉም፡፡

02. የመጨረሻው ልጅዎን የወለዱት አዲስ አበባ የመንግስት ጤና ድርጅት ውስጥ ነው?

1.አዎ 2.አይደለም

የመጨረሻ ልጃቸውን የወለዱት አዲስ አበባ የመንግስት ጤና ድርጅት ውስጥ ካልሆነ ለቃለ ምልልሱ እጩ አይደሉም፡፡

03. አዲስ አበባ ውስጥ መኖር የጀመሩት መቼ ጀምሮ ነው? _____ ወር _____ ዓ.ም

ከ1 ዓመት በታች ነው ወይስ በላይ? 1. ከ1ዓመት በታች 2. ከ1 ዓመት በላይ

ከ1ዓመት (ከ12 ወራት) በታች ከሆነ መላሻ ለቃለ ምልልሱ እጩ አይደሉም፡፡

የጥያቄ ተቁ 01 ምላሽ አዎ ከሆነ፤ የጥያቄ ተቁ 02 ምላሽ አዲስ አበባ ውስጥ ከሆነ እና የጥያቄ ተቁ 03 ምላሽ ከ1ዓመት በላይ ከሆነ፤ መላሻ ለቃለ ምልልሱ እጩ ናቸው፡፡ በመሆኑም ዋናውን ቃለ ምልልስ ይቀጥሉ፡፡

001.የመጠይቅ ኮድ _____

002. አድራሻ፡ የክፍለ ከተማ ስም _____ ወረዳ _____ ቀበሌ _____

003. የካርድ ቁጥር _____ ስልክ ቁጥር _____

ክፍል 1.የመላሻ ማህበራው ሁኔታዎች/ምክንያቶች				
ተ.ቁ	ጥያቄ እና ማጣሪያ	የኮድ ክፍፍል	ወደ ተጠቀሰው ቁጥር ይሂዱ	ኮድ
101	በምን ወርና ዓመት ምህረት ነው የተወለዱት?	ወር_____ዓ.ም_____ ወሩን አላውቅም=98 ዓመተ-ምህረቱን አላውቅም =9998		
102	የመጨረሻው የልደት ቀን ዕድሜዎ ስንት ነበር? ከጥያቄ 101 ጋር በማነፃፀር ትክክለኛ መሆኑን አለመሆኑን ያረጋግጡ	እስከመጨረሻው የልደት ቀን ያለው ዕድሜ በዓመት_____		
103	ት/ቤት ገብተው ተምረው ያውቃሉ ?	አዎ-----1 የለም (አላውቅም) -----2	→ 106	
104	ከፍተኛው የተማሩት የትምህርት ደረጃ፡- የመጀመሪያ ደረጃ፤ ሁለተኛ ደረጃ ፣ የቴክኒክና ሙያ ወይስ ከፍተኛ ነው?	የመጀመሪያ ደረጃ-----1 ሁለተኛ ደረጃ-----2 ቴክኒክና ሙያ -----3 ከፍተኛ -----4		
105	በጠቀሱት የትምህርት ደረጃ ስንተኛ ክፍል ድረስ ወይንም ምን ያህል ዓመት ጨርሰዋል? በጠቀሱት የትምህርት ደረጃ ከአንድ ዓመት በታች ከጨረሱ '00' ይመዝግቡ	የክፍል ደረጃ /የጨረሱት ዓመት ብዛት_____		
106	ለማንበብ ወይንም ለማንበብና እና ለመፃፍ የሚረዳ ትምህርት ተምረዋል? ማለትም እንደ መፀሐፍ ቅዱስ ት/ቤት ወይንም ቁራን ት/ቤት ወይንም ሌላ መደበኛ ያልሆነ ት/ቤት (የመጀመሪያ ደረጃ ትምህርትን አይጨምርም)	አዎ-----1 የለም (አልተማርኩም)-----2	→ 108	
107	አሁን ይህንን ዓረፍተ ነገር እንዲያነቡልኝ በአክብሮት እጠይቅታለሁ? ለመላሻ የሚነበበውን ካርድ ያሳይዋቸው፡፡ መላሻ ዓረፍተ ነገሩን ማንበብ ካልቻሉ ይገፋፏቸው፡፡ ከዓረፍተ ነገሩ የተወሰነውን ክፍል ሊያነብልኝ ይችላሉ?	ምንም ማንበብ አይችሉም-----1 የዓረፍተ ነገሩን የተወሰነ ክፍል ብቻ ማንበብ ይችላሉ -----2 ዓረፍተ ነገሩን በሙሉ ማንበብ ይችላሉ-----3 መላሻ በሚችሉት ቋንቋ የሚነበብ ካርድ የለም-----4 ቋንቋው ይጠቀስ _____ ዓይነ ስውር/በዓይን የማየት ችግር ያለባቸው-----5		
108	የጋብቻ ሁኔታ ምን ይመስላል? አሁን በትዳር ላይ ነዎት ወይንም ከወንድ ጋር አብረው ልክ እንደትዳር አይነት እየኖሩ ነው? ባል ሞቶቦዎታል? ከባልዎ ተፋተዋል? ከባልዎ ተለያይተዋል ወይንስ ጭራሽ አላገቡም?	አሁን በትዳር ላይ ነኝ-----1 ከወንድ ጋር ልክ እንደትዳር እየኖርኩ ነው-----2 ባል ሞቶብኛል-----3 ከባል ተፋተቻለሁ-----4 ከባል ተለያይቻለሁ-----5 አግብቼ አላውቅም-----6	→ 112	
109	መጀመሪያ ሲያገቡ ዕድሜዎ ስንት ነበር?	ዕድሜ (በሙሉ ዓመት ይቀመጥ)_____		
110	የባለቤቶ የትምህርት ደረጃ ምን ያህል ነው?	የመጀመሪያ ደረጃ-----1 ሁለተኛ ደረጃ-----2 ቴክኒክና ሙያ -----3 ከፍተኛ -----4 ማንበብና መፃፍ ብቻ -----5 ማንበብና መፃፍ አይችልም-----6 አላውቅም-----7		
111	የባለቤቶች /አጋሮት መተዳደሪያ ሥራ ምንድን ነው? ማለትም ምን አይነት ስራ ነው በብዛት የሚሰሩት?	በራሳቸው ድርጅት/የቀተጠሩ-----1 በግል ድርጅት የተቀጠሩ-----2 በመንግስት ድርጅት የተቀጠሩ-----3 ነጋዴ-----4 ገበሬ-----5 ተማሪ -----6 ሌላ (ይገለጽ)-----7		

ተ.ቁ	ጥያቄ እና ማጣሪያ	ኮድ ክፍፍል	ወደ ተቀሰው ቁጥር ይሂዱ	ኮድ
112	የእርስ መተዳደሪያ ሥራ ምንድን ነው? ማለትም ምን አይነት ስራ ነው በብዛት የሚሰሩት?	የቤት እመቤት -----1 በራሴ ድርጅት የተቀጠርኩ-----2 በግል ድርጅት ተቀጥራ-----3 በመንግስት ድርጅት ተቀጥራ-----4 ነጋዴ-----5 ገበሬ-----6 ተማሪ-----7 ሌላ (ይገለጽ)-----87		
113	አማካኝ የቤቱ የወር ገቢ ምን ያህል ነው? (ሁሉንም ገቢ ጨምሮ ማለትም የእርሶን እና ሌሎችን የቤቱ የገቢ ምንጮችን ጨምሮ)	-----ብር አላውቅም-----88 ገቢ የለኝም-----86		
ጥያቄ ተ.ቁ 107 ይመልከቱ ኮድ 2፣ 3. ወይም 4 ከተከበሩ 			 1 ወይም 5 ከተከበሩ 	115
114	በሳምንት አንድ ጊዜ ወይም ከዛ ባነሰ ጊዜ ጋዜጣ ወይም መፅሔት ያነባሉ ወይንስ ጭራሽ አያነቡም?	ቢያንስ በሳምንት አንድ ጊዜ-----1 በሳምንት ከአንድ ጊዜ ያነሰ-----2 ጭራሽ አላነብም-----3		
115	ቴሌቪዥን ወይንም ሬድዮ ወይንም ሁለቱም አሉት?	ቴሌቪዥን ብቻ አለኝ-----1 ሬድዮ ብቻ አለኝ-----2 ሬዲዮና ቴሌቪዥን አለኝ-----3 ሬዲዮም ሆነ ቴሌቪዥን የለኝም-----4		
116	በሳምንት አንድ ጊዜ ወይም ከዛ ባነሰ ጊዜ ሬድዮ ያዳምጣሉ ወይስ ጭራሽ አያዳምጡም? (ሬድዮ በቤቱ ብቻ ሳይሆን ሌላ ቦታ ማዳመጥንም ይጨምራል)	ቢያንስ በሳምንት አንድ ጊዜ-----1 በሳምንት ከአንድ ጊዜ ያነሰ-----2 ጭራሽ አያዳምጥም-----3		
117	በሳምንት አንድ ጊዜ ወይንም ከዛ ባነሰ ጊዜ ቴሌቪዥን ይመለከታሉ ወይስ ጭራሽ አይመለከቱም? (ቴሌቪዥን በቤቱ ብቻ ሳይሆን ሌላ ቦታ መመልከትንም ይጨምራል)	ቢያንስ በሳምንት አንድ ጊዜ-----1 በሳምንት ከአንድ ጊዜ ያነሰ-----2 ጭራሽ አልመለከትም-----3		
118	የየትኛው ሐይማኖት ወይም እምነት ተከታይ ነዎት?	ኦርቶዶክስ-----1 ካቶሊክ-----2 ኘሮቴስታንት -----3 ሙስሊም -----4 ልማዳዊ እምነት-----5 ሌላ (ይጠቀስ)-----6		
119	ዘሮት ምንድን ነው? ዋናው የዘራቸዉ ክፍል ይመዝገብ	-----		
ክፍል 2. ከእርግዝና እና ወሊድ ጋር የተያያዙ ሁኔታዎች (ምክንያቶች)				
201	በመጀመሪያ እርግዝናዎ ወቅት ዕድሜዎ ስንት ዓመት ነበር?	ዕድሜ (በሙሉ ዓመት ይቀመጥ) -----		
202	አሁን በሕይወትዎ በሙሉ ስለተከሰቱት ሁሉም እርግዝናዎች ልጠይቁት እወዳለሁ፡፡ እስከዛሬ ድረስ ስንት ጊዜ እርግዝኖታል?	የእርግዝና ብዛት -----		
203	ውርጃ አጋጥሞዎት ያውቃል?	አዎ-----1 የለም(አያውቅም)-----2		205
204	እስከዛሬ ስንት ውርጃዎች ተከስቶቦታል?	የውርጃ ብዛት -----		

ተ.ቁ	ጥያቄ እና ማጣሪያ	ኮድ ክፍፍል	ወደ ተቀሰው ቁጥር ይሂዱ	ኮድ
215	የመጨረሻው ልጅዎን ማለትም ዕድሜው ከ 48 ሰዓት በታች የሆነውን ልጅዎን እርጉዝ በነበሩበት ወቅት የእርግዝና ክትትል ያደረጉት የት ነበር? ሌላ ቦታስ? የተከታተሉበትን ቦታ እንዲያብራሩ ይገፋፏቸው። የግል ወይም የመንግስት ጤና ድርጅት መሆኑን መግለጽ ካታታቸው ክትትል ያደረጉበትን ቦታ ይገፋ፡፡ ክትትል ያደረጉበት ቦታ _____	መኖሪያ ቤት የእርሶ መኖሪያ ቤት-----a ሌላ መኖሪያ ቤት -----b የመንግስት ድርጅት የመንግስት ሆስፒታል-----c የመንግስት ጤና አጠባበቅ ጣቢያ-----d የመንግስት ክሊኒክ-----e የመንግስት ጤና ኬላ-----f ሌላ የመንግስት (ይገለጽ)-----g መንግስታዊ ያልሆነ ድርጅት (NGO) ጤና ተቋም-----h የግል እክምና ድርጅት የግል ሆስፒታል-----i የግል ክሊኒክ -----j ሌላ የግል እክምና (ይገለጽ)-----k ሌላ (ይገለጽ)-----87		
216	ማንሙ የእርግዝና ክትትል (የቅድመ ወሊድ እክምና ክትትል) ያደረገሎት? ሌላስ? ይገፋፏቸው፡- ሁሉንም የተጠቀሱ ባለሙያዎች ይመዝግቧቸው	የጤና ባለሙያ ዶክተር-----a ነርስ/ አዋላጅ ነርስ-----b የጤና ኤክስቴንሽን ሰራተኛ-----c ሌላ የጤና ባለሙያ (ይገለጽ)-----d ሌላ ሰው የሰለጠነች የልምድ አዋላጅ-----e ያልሰለጠነች የልምድ አዋላጅ-----f በግ ፈቃደኛ የሆነ/ች የእካባቢ ጤና ሠራተኛ-----g ሌላ (ይገለጽ)-----87		
217	ለዚህ እርግዝና የእርግዝና ክትትል (የቅድመ ወሊድ እክምና ክትትል) ማድረግ የጀመሩት የስንት ወር እርጉዝ እያሉ ነበር? (የመጀመሪያውን ክትትል ሲያደረጉ የስንት ወር እርጉዝ ነበሩ?)	ወር _____ አላውቅም-----88		
218	በዚህ እርግዝና የእርግዝና ክትትል (የቅድመ ወሊድ እክምና ክትትል) ምን ያህል ጊዜ ተመላልሰዋል? (ስንት ጊዜ ለቅድመ ወሊድ እክምና ክትትል ሄደዋል)	የእርግዝና ክትትል ብዛት _____ አላውቅም -----88		
219	የጤና ባለሙያዎች ስለ እረግዝና መከላከያ ዘዴዎች አነጋግረዎት ያውቃሉ?	አዎ-----1 የለም-----2	221	
220	የጥያቄ 219 መልስ አዎ ከሆነ፣ መቼ ነበር የጤና ባለሙያው ስለ እረግዝና መከላከያ ዘዴዎች ያነጋገርዎት?	በእርግዝና ክትትል ወቅት-----1 ይህንን ልጅ እያማጥኩ ባለበት ወቅት-----2 ይህንን ልጅ በወለድኩ በ48 ሰዓት ውስጥ-----3		
221	ያሁኑን ልጆችን ከመውለዱ በፊት በማህፀን የሚቀበረው የየረጅም ጊዜ የእርግዝና መከላከያ ዘዴ ወዲያው እንደወለዱ ወይም በወለዱ በ48 ሰዓት ውስጥ በማህፀን ውስጥ ሊቀበር እንደሚችል ያውቁ ነበር?	አዎ-----1 የለም-----2		
222	ያሁኑን ልጆችን ከመውለዱ በፊት በእጅ ጡንቻ ስር የሚቀበሩት የረጅም ጊዜ የእርግዝና መከላከያ ዘዴዎች ወዲያው እንደወለዱ ወይም በወለዱ በ48 ሰዓት ውስጥ በእጅ ጡንቻ ስር ሊቀበሩ እንደሚችሉ ያውቁ ነበር?	አዎ-----1 የለም-----2		
223	በወለዱ በ48 ሰዓት ውስጥ በማህፀን ውስጥ እና በእጅ ጡንቻ ስር ሊቀበሩ ስለሚችሉ የረጅም ጊዜ የእርግዝና መከላከያ ዘዴዎች የጤና ባለሙያዎች አነጋግረዎታል?	አዎ-----1 የለም-----2	226	
224	የጥያቄ 223 መልስ አዎ ከሆነ፣ መቼ ነበር ለመጀመሪያ ጊዜ የጤና ባለሙያዎቹ፣ በወለዱ በ48 ሰዓት ውስጥ በማህፀን ውስጥ እና በእጅ ጡንቻ ስር ሊቀበሩ ስለሚችሉ የረጅም ጊዜ የእርግዝና መከላከያ ዘዴዎች ያነጋገርዎት?	በእርግዝና ክትትል ወቅት-----1 ይህንን ልጅ እያማጥኩ ባለበት ወቅት-----2 ይህንን ልጅ በወለድኩ በ48 ሰዓት ውስጥ-----3		

ተ.ቁ	ጥያቄ እና ማጣሪያ	ኮድ ክፍፍል	ወደ ተቀሰው ቁጥር ይሂዱ	ኮድ
225	ስንት ጊዜ ነበር የጤና ባለሙያዎቹ፣ በወለዱ በ48 ሰዓት ውስጥ በማህፀን ውስጥ እና በእጅ ጡንቻ ስር ሊቀበሩ ስለሚችሉ የረጅም ጊዜ የእርግዝና መከላከያ ዘዴዎች ያነጋገርዎት?	አንድ ጊዜ-----1 ሁለት ጊዜ-----2 ሶስት ጊዜ-----3 ሌላ (ይገለፅ) -----		
226	በወለዱ በ48 ሰዓት ውስጥ በማህፀን ውስጥ ወይም በእጅ ጡንቻ ስር የሚቀበሩ የረጅም ጊዜ የእርግዝና መከላከያ ዘዴዎች ተደርጎሎታል?	አዎ-----1 የለም-----2	→ 234	
227	የጥያቄ 226 መልስ አዎ ከሆነ፣ የትኛውን ዓይነት የረጅም ጊዜ የእርግዝና መከላከያ ዘዴ ተጠቅመዋል?	በማህፀን ውስጥ የሚቀበር-----1 በእጅ ጡንቻ ስር የሚቀበር ለ3 አመት የሚያገለግል-----2 በእጅ ጡንቻ ስር የሚቀበር ለ4 አመት የሚያገለግል-----3 በእጅ ጡንቻ ስር የሚቀበር ለ5 አመት የሚያገለግል-----4		
228	መቼ ነው የረጅም ጊዜ የእርግዝና መከላከያ ዘዴውን የወሰዱት? የረጅም ጊዜ የእርግዝና መከላከያ የምንላቸው በማህፀን ወስጥ ወይም በጡንቻ ስር የሚቀበሩት የእርግዝና መከላከያ ዘዴዎችን መሆናቸውን ይግለፁላቸው።	በወለዱ በ10 ደቂቃ ውስጥ-----1 በወለዱ ከ10 ደቂቃ በኋላ እስከ 48 ሰዓት ባለው ጊዜ ውስጥ-----2		
229	መቼ ነው የረጅም ጊዜ የእርግዝና መከላከያ ዘዴውን ለመውሰድ የወሰኑት?	በእርግዝና ክትትል ወቅት-----1 ይህንን ልጅ እያማጥኩ ባለበት ወቅት-----2 ይህንን ልጅ በወለድኩ በ48 ሰዓት ውስጥ-----3		
230	ለምንድን ነው አሁን የወሰዱትን የረጅም ጊዜ የእርግዝና መከላከያ ዓይነት ለመውሰድ የወሰኑት? ከአንድ በላይ መልስ ይቻላል (መልስ ሊሆኑ የሚችሉትን ሳያነቡላቸው እራሳቸው ሲናገሩ ብቻ መልሱ ላይ ያክብቡ)	ለረጅም ጊዜ ስለሚያፈለግል-----1 ከንጥረ ነገሮች (ከሆርሞን) ለ9 ስለሆነ-----2 ጤናን የመይዳዳ ስለሆነ-----3 አገልግሎቱ ወዲያው ስለሚገኝ-----4 የእርግዝና መከላከያ ዘዴውን ከዚህ በፊት ስለማውቀው-----5 የእርግዝና መከላከያ ዘዴውን ጓደኞቼ ስለሚጠቀሙት-----6 ለአጠቃቀም ስለሚመች ነው-----7 የጤና ባለሙያዎች ይህ የእርግዝና መከላከያ ዘዴ ከሁሉም የእርግዝና መከላከያ ዘዴዎች እንደሚሻል ስለነገሩኝ-----8 ሌሎች አማርጭ የእርግዝና መከላከያ ዘዴዎች ስላልተነገሩኝ-----9 ሌላ (ይጠቀስ)----- ----- 87		
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ጥያቄ 226 ይመልከቱ: የረጅም ጊዜ የእርግዝና መከላከያ ዘዴዎችን ከተጠቀሙ ☐		የረጅም ጊዜ የእርግዝና መከላከያ ዘዴዎችን ካልተጠቀሙ ☐	→ 301	
240	ስለተጠቀሙት የረጅም ጊዜ የእርግዝና መከላከያ ዘዴ የሚያሳስቡት ጉዳይ ወይም መጠየቅ የሚል ጉዳት ገዳይ አለ? (የተጠቀሙትን የረጅም ጊዜ የእርግዝና መከላከያ ዘዴ ስም ጠቅሰው ይጠይቋቸው)	አዎ-----1 የለም-----2	→ 301	
241	ስለተጠቀሙት የረጅም ጊዜ የእርግዝና መከላከያ ዘዴ የሚያሳስቡት ጉዳይ ወይም መጠየቅ የሚል ጉዳት ገዳይ ምንድነው? ሁሉንም የጠቀሟቸውን አሳሳቢ ጉዳይ ወይም ጥያቄያቸውን በዝርዝር ይመዝግቡ፡፡ ይገኙታቸው:- ሌላ የሚያሳስቡት ጉዳይ አለ?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____		
ክፍል 3. በመላሻ የመጨረሻ ወሊዳቸው ወቅት የተወሰዱ እርምጃዎች እና ሁኔታዎች				
301	ባለፉት 48 ሰዓታት ውስጥ የወለዱትን ልጅዎትን በምን ዓይነት ሁኔታ ወለዱት? ያለምንም እገዛ በማህበሩ ነው ወይም በመሳሪያ የታገዘ ሆኖ በማህበሩ ወይንስ በአኘፊሽን (ማለት ልጄን ለማውጣት ሆድዎ በአኘፊሽን ተከፍቶ ነበር?)	ያለምንም እገዛ በማህበሩ -----1 በማህበሩ ሆኖ ግን በመሳሪያ እገዛ-----2 በአኘፊሽን -----3		
ክፍል 4. መላሻ የመጨረሻውን ልጃቸውን ከማረዝባቸው በፊት የረጅም ጊዜ የእርግዝና መከላከያ ዘዴ (በማሕፀን ወይም በጡንቻ ስር የሚቀበሩትን) በወሰዱበት ወቅት በአገልግሎት አሰጣጥ ላይ የነበራቸው እርካታ				
401	ጥያቄ ተ.ቁ 212 ይመልከቱ: መላሻ የረጅም ጊዜ የእርግዝና መከላከያ ዘዴ ☐ ወስደው የሚያውቁ(መልሱ 2 ወይም 3) ከሆነ▼	መላሻ የረጅም ጊዜ የእርግዝና መከላከያ ዘዴ ወስደው የማያውቁ(መልሱ 2 ወይም 3 ካልሆነ) ☐	→ 501	
401A	የመጨረሻውን ልጅዎትን ከማርዝ በፊት ስለ የረጅም ጊዜ የእርግዝና መከላከያ ዘዴዎች የጤና ባለሙያው/ዋ ክርስም ጋር ለመመካከር ባሳለፉት የጊዜ መጠን ምን ያህል እረክተው ነበር?	በጣም እረክቻለሁ -----1 እረክቻለሁ-----2 ምንም ማለት አልፈልግም-----3 አልረካሁም-----4 በጣም አልረካሁም-----5		
402	የመጨረሻውን ልጅዎትን ከማርዝ በፊት የረጅም ጊዜ የእርግዝና መከላከያ ዘዴ በተጠቀሙበት ወቅት የጤና ባለሙያው/ዋ በተጠቀሟቸው የሕክምና መገልገያ መሳሪያዎችና ሌሎች የሕክምና ዕቃዎችና አቅርቦት ምን ያህል እርክተው ነበር?	በጣም እረክቻለሁ -----1 እረክቻለሁ-----2 ምንም ማለት አልፈልግም-----3 አልረካሁም-----4 በጣም አልረካሁም-----5		

ተ.ቁ	ጥያቄ እና ማጣሪያ	ኮድ ክፍፍል	ወደ ተቀሰው ቁጥር ይሂዱ	ኮድ
403	የመጨረሻውን ልጅዎትን ከማርገዝ በፊት የረጅም ጊዜ የእርግዝና መከላከያ ዘዴ በተጠቀሙበት ወቅት የጤና ባለሙያው/ዋ በተጠቀሟቸው የሕክምና መግለጻዊ መሣሪያዎችና ሌሎች የሕክምና ዕቃዎች ንዕህና ምን ያህል እረክተው ነበር?	በጣም እረክቻለሁ-----1 እረክቻለሁ-----2 ምንም ማለት አልፈልግም-----3 አልረካሁም-----4 በጣም አልረካሁም-----5		
404	የመጨረሻውን ልጅዎትን ከማርገዝ በፊት የረጅም ጊዜ የእርግዝና መከላከያ ዘዴ በተጠቀሙበት ወቅት የጤና ባለሙያው/ዋ ባሳይዎት ባህሪ እና በሰጠት ክብር ምን ያህል እረክተው ነበር?	በጣም እረክቻለሁ-----1 እረክቻለሁ-----2 ምንም ማለት አልፈልግም-----3 አልረካሁም-----4 በጣም አልረካሁም-----5		
405	የመጨረሻውን ልጅዎትን ከማርገዝ በፊት የረጅም ጊዜ የእርግዝና መከላከያ ዘዴ በተጠቀሙበት ወቅት የጤና ባለሙያው ምሹቶት እንዲጠበቅና አገልግሎቱን በሚጠቀሙበት ወቅት ከሌሎች ሰዎች እይታ እንዲጠበቁ በወሰዱት እርምጃ ምን ያህል እረክተው ነበር?	በጣም እረክቻለሁ-----1 እረክቻለሁ-----2 ምንም ማለት አልፈልግም-----3 አልረካሁም-----4 በጣም አልረካሁም-----5		
406	የመጨረሻውን ልጅዎትን ከማርገዝ በፊት የረጅም ጊዜ የእርግዝና መከላከያ ዘዴ በተጠቀሙበት ወቅት በጤና ባለሙያው/ዋ የሕክምናብቃት እና ክህሎት ምን ያህል እረክተው ነበር?	በጣም እረክቻለሁ-----1 እረክቻለሁ-----2 ምንም ማለት አልፈልግም-----3 አልረካሁም-----4 በጣም አልረካሁም-----5		
ክፍል 5. ጫና ፈጣሪ/አጋላጭ ምክንያቶች:- ሀ. የመላሻ በእርግዝናዎች መካከል ሊኖር ስለሚገባው የጊዜ ክፍተት እና እንደወለዱ (በወለዱ በ48 ሰዓት ውስጥ) በሚሰጡት የረጅም ጊዜ የእርግዝና መከላከያ ዘዴዎች (በማህፀን ወይም በጡንቻ ስር የሚቀበሩትን) ላይ ያላቸዉ አመለካከት				
501	እንደማንኛዋም ሴት እኔም በእርግዝናዎች መካከል ያለው እርቀት አጭር ከሆነ (ከ2 ዓመት በታች) ከእርግዝና እና ከወሊድ ጋር ለተያየዙ የጤና ችግሮች ተጋላጭ እሆናለሁ።	እስማማለሁ-----1 ምንም ማለት አልችልም-----2 አልስማማም-----3		
502	በእርግዝናዎች መካከል ያለው እርቀት አጭር ሲሆን (ከ2 ዓመት በታች) የሚከሰቱ ከእርግዝና እና ከወሊድ ጋር የተያየዙ የጤና ችግሮች በማንኛዋም እናት ላይ ከባድ እና አደገኛ የሆኑ የጤንነት መቃወሶችን ሊያስከትሉ ይችላሉ።	እስማማለሁ-----1 ምንም ማለት አልችልም-----2 አልስማማም-----3		
503	በእርግዝናዎች መካከል ያለው እርቀት አጭር ሲሆን (ከ2 ዓመት በታች) የሚከሰቱ ከእርግዝና እና ከወሊድ ጋር የተያየዙ የጤና ችግሮች በተወለደው ጨቅላ ላይ ከባድ እና አደገኛ የሆኑ የጤንነት መቃወሶችን ሊያስከትሉ ይችላሉ።	እስማማለሁ-----1 ምንም ማለት አልችልም-----2 አልስማማም-----3		
504	በእርግዝናዎች መካከል ያለው እርቀት አጭር ሲሆን (ከ2 ዓመት በታች) የሚከሰቱ ከእርግዝና እና ከወሊድ ጋር የተያየዙ የጤና ችግሮች ከዜህ ልጅ ቀጥሎ በሚወለደው ጨቅላ ላይ ከባድ እና አደገኛ የሆኑ የጤንነት መቃወሶችን ሊያስከትሉ ይችላሉ።	እስማማለሁ-----1 ምንም ማለት አልችልም-----2 አልስማማም-----3		
505	አንድ ሴት በወለደች በ48 ሰዓት ውስጥ ምን ዓይነት ዘመናዊ የእርግዝና መከላከያ ዘዴዎች መጠቀም እንዳለባት እስቀድማ (ለምሳሌ፡ በእርግዝና ከትትል ወቅት) ማቀድ አለባት።	እስማማለሁ-----1 ምንም ማለት አልችልም-----2 አልስማማም-----3		
506	አንድ ሴት በተወለደ በ48 ሰዓት ውስጥ ለረጅም ጊዜ የሚያፈለግለው የእርግዝና መከላከያ ዘዴዎች (በማህፀን ወይም በጡንቻ ስር የሚቀበሩትን) ሊሰጡባቸው የሚችሉ የጤና ድርጅት እንዴት መድረስ እንዳለባት እስቀድማ ማቀድ የላባትም።	እስማማለሁ-----1 ምንም ማለት አልችልም-----2 አልስማማም-----3		

ተ.ቁ	ጥያቄ እና ማጣሪያ	ኮድ ክፍፍል	ወደ ተቀሰው ቁጥር ይሂዱ	ኮድ
507	አንድ ሴት በወለደች በ48 ሰዓት ውስጥ ምን አይነት ዘመናዊ የእርግዝና መከላከያ ዘዴዎች (ለምሳሌ እንደ ለረጅም ጊዜ የሚያፈለግሉ በማህበሩ ወይም በጡንቻ ስር የሚቀበሩትን) መጠቀም እንዳለባት ማሰብ የለባትም።	እስማማለሁ-----1 ምንም ማለት አልችልም-----2 አልስማማም-----3		
508	አንድ ሴት በወለደች በ6 ሳምንት እና ከዚያ በኋላ ባለው ጊዜ ብቻ ነው ዘመናዊ የእርግዝና መከላከያ ዘዴዎች (በማህበሩ ወይም በጡንቻ ስር የሚቀበሩ ለረጅም ጊዜ የሚያፈለግሉ የእርግዝና መከላከያ ዘዴዎች ጨምሮ) እንዴት መጠቀም እንዳለባት ማሰብ ያለባት።	እስማማለሁ-----1 ምንም ማለት አልችልም-----2 አልስማማም-----3		
509	አንድ ሴት በወለደች በ6 ሳምንት ጊዜ ወስጥ ላረግዝ እችላለሁ ብላ መጨነቅ የለባትም።	እስማማለሁ-----1 ምንም ማለት አልችልም-----2 አልስማማም-----3		
510	ሴቶች ዘመናዊ ለረጅም ጊዜ የሚያገለግሉ የእርግዝና መከላከያ ዘዴዎችን በወለዱ በ48 ሰዓት ጊዜ ውስጥ አይጠቀሙም ፣ ምክንያቱም ጤና ባለሙያዎች በሥነሰርዓት እና በማክበር አገልግሎቱን ስለማይሰጧቸው።	እስማማለሁ-----1 ምንም ማለት አልችልም-----2 አልስማማም-----3		
511	ሴቶች በወለዱ በ6 ሳምንት ጊዜ ወስጥ የግብረ ስጋ ግንኙነት ሊያደርጉ አይችሉም።	እስማማለሁ-----1 እንም ማለት አልችልም-----2 አልስማማም-----3		
ክፍል 5.አጋላጭ ምክንያቶች:- ለ የመላሻ በእርግዝናዎች መካከል ሊኖር ስለሚገባው የጊዜ ክፍተት እና ስለ የእርግዝና መከላከያ ዘዴዎች ጥቅም ያላቸው እውቀት				
512	በሁለት እርግዝናዎች መካከል ያለው ክፍተት (ርቀት) ሲያጥር በእርግዝና ወቅት ከእርግዝናው ጋር ተያይዘው ስለሚከሰቱ የጤና ችግሮች ሊዘረዝሩልኝ ይችላሉ? ይገፏቸው:- መላሻ ያልጠቀሷቸውን የጤና ችግሮች እርሶ ከዝርዝሩ አይተው ይጠይቋቸው። የጠቀሷቸውን ሁሉ ይመዝግቡ።	አዎ የለም የደም ማነስ (እናት ላይ)-----1 2 ከሰባት ወር በኋላ ባለው የእርግዝና ወቅት ከማህበሩ ደም መፍሰስ -----1 2 ከወለድ በኋላ የሚከሰት የማህበሩ ኢነፌክሽን-----1 2 የእናት የሞት መጠን መጨመር-----1 2 ሌላ(ይገለፅ)----- 88		
513	በሁለት እርግዝናዎች መካከል ያለው ክፍተት (ርቀት) ከ2 ዓመት በታች በሚሆንበት ወቅት በአረዝቡ ፅንሰ ወይም ፅንሰ ከተወለደ በኋላ በልጅ ላይ ስለሚከሰቱ የጤና ችግሮች ሊዘረዝሩልኝ ይችላሉ? ይገፏቸው:- መላሻ ያልጠቀሷቸውን የጤና ችግሮች እርሶ ከዝርዝሩ አይተው ይጠይቋቸው። የጠቀሷቸውን ሁሉ ይመዝግቡ።	አዎ የለም ያለጊዜው (ከ9 ወር አስቀድሞ) መወለድ-----1 2 አነስተኛ ክብደት ይዞ (ቀጭጭ) መወለድ-----1 2 አዲስ የተወለዱ ጨቅላዎች ሞት መጠን መጨመር-----1 2 ሌላ(ይገለፅ)----- 87		
514	ዘመናዊ የእርግዝና መከላከያ ዘዴዎች በሁለት እርግዝናዎች መካከል ባለው ክፍተት (ርቀት) አኳያ ያላቸው ጥቅም ሊዘረዝሩልኝ ይችላሉ? ይገፏቸው:- መላሻ ያልጠቀሷቸውን ጥቅሞች እርሶ ከዝርዝሩ አይተው ይጠይቋቸው። የጠቀሷቸውን ሁሉ ይመዝግቡ።	አዎ የለም የሚቀጥለው እርግዝና የማረጋገጠትን ጊዜ በአቅድ እንዲሆን ይረዳኛል-----1 2 በሁለት እርግዝናዎቹ መካከል ያለውን ርቀት ቢያንስ ሁለት አመት እንዲሆን ይረዳኛል-----1 2 የልጆቹን ብዛት ለመወሰን ይረዳኛል-----1 2 የእናት ጤና በተሻለ ሁኔታ የተጠበቀ እንዲሆን (የእናትን ሕመም እና ሞትን ለመከላከል) ይረዳሉ-----1 2 አዲስ የሚወለደው ጨቅላ ጤንነት በተሻለ ሁኔታ የተጠበቀ እንዲሆን (የጨቅላ ሕመም እና ሞትን ለመከላከል) ይረዳሉ-----1 2 ሌላ(ይገለፅ)----- 87		

ተ.ቁ	ጥያቄ እና ማጣሪያ	ኮድ ክፍል	ወደ ተቀሰው ቁጥር ይሂዱ	ኮድ
ክፍል 5. አጋላጭ ምክንያቶች፡- ሐ. መላሻ ለረጅም ጊዜ ስለሚያገለግሉ የእርግዝና መከላከያ ዘዴዎች (በማህፀን ወይም በጡንቻ ስር የሚቀበሩትን) ያላቸዉ እውቀት				
515	የትኞቹ የእርግዝና መከላከያ ዘዴዎች ናቸው ለ3 አመት እና ከዚያ በላይ እርግዝናን መከላከል የሚችሉት?	በእጅ ጡንቻ ስር የሚቀበሩ የእርግዝና መከላከያዎች-----1 በማህፀን ወስጥ የሚቀበር የእርግዝና መከላከያ-----2 በእጅ ጡንቻ ስር እና በማህፀን ውስጥ የሚቀበሩ የእርግዝና መከላከያ ዘዴዎች-----3 ሌላ(ይገለፅ)----- 87 አላውቅም -----88		
516	በእጅ ጡንቻ ስር የሚቀበሩ የእርግዝና መከላከያ ዘዴዎች ለስንት ጊዜ ነው እርግዝናን መከላከል የሚችሉት?	ለአንድ አመት-----1 ለሁለት አመት-----2 ከሦስት እስከ አምስት አመት-----3 ከአምስት አመት በላይ-----4 አላውቅም -----87		
517	በማህፀን ውስጥ የሚቀበሩ የእርግዝና መከላከያ ዘዴዎች ለስንት ጊዜ ነው እርግዝናን መከላከል የሚችሉት?	ከአንድ እስከ አራት አመት-----1 ከ5 እስከ 12 አመት-----2 ከ12 አመት በላይ-----3 አላውቅም -----88		
518	ከንጥረ ነገር (ከሆርሞን) ነፃ የሆነ በማህፀን ውስጥ የሚቀበር የእርግዝና መከላከያ ዘዴ በሀገራችን ወስጥ በስፋት ይገኛል።	አዎ-----1 የለም-----2 አላውቅም -----87		
519	አንድ ሴት ሌሎች እርግዝና እንዳይከሰት የሚያደርጉ ምክንያቶች እስከሌሊት ድረስ በማህፀን ውስጥ የሚቀበር የእርግዝና መከላከያ ዘዴ መጠቀም እንዳቋረጠች (እንዳስወጣች) ወዲያው ማርገዝ ትችላለች።	አዎ-----1 የለም-----2 አላውቅም -----87		
520	አንድ ሴት ሌሎች እርግዝና እንዳይከሰት የሚያደርጉ ምክንያቶች እስከሌሊት ድረስ በጡንቻ ውስጥ የሚቀበር የእርግዝና መከላከያ ዘዴ መጠቀም እንዳቋረጠች (እንዳስወጣች) ወዲያው ወይም ባስወጣች በጥቂት ወራት ውስጥ ማርገዝ ትችላለች።	አዎ-----1 የለም-----2 አላውቅም -----88		
ክፍል 6. የሚያስችሉ ሁኔታዎች (የአገልግሎት አቅርቦት እና ተደራሽነት)				
601	ጤና ድርጅቱ ሁሉም ዓይነት ዘመናዊ የእርግዝና መከላከያ ዘዴዎች፣ የረጅም ጊዜ የእርግዝና መከላከያ ዘዴዎችን ጨምሮ፣ ያቀርባል?	አዎ-----1 የለም-----2 አላውቅም -----88		
602	በጤና ድርጅቱ ውስጥ የረጅም ጊዜ የእርግዝና መከላከያ ዘዴዎችን በማህፀን ወይም በእጅ ጡንቻ ስር ሊቀበሩ የሚችሉ የጤና ባለሙያዎች አሉ?	አዎ-----1 የለም-----2 አላውቅም -----88		
603	ጤና ድርጅቱ ዘመናዊ የእርግዝና መከላከያ ዘዴዎችን፣ የረጅም ጊዜ የእርግዝና መከላከያ ዘዴዎችን ጨምሮ፣ በሚያቀርብሎ ወቅት ክፍያ ይጠይቃል?	አዎ-----1 የለም-----2 አላውቅም -----88		
604	ስለ እርግዝና መከላከያ ዘዴዎች መረጃ የሚያገኙበት መንገድ አለ?	አዎ-----1 የለም-----2	701	
605	ስለ እርግዝና መከላከያ ዘዴዎች መረጃ የሚያገኙበት ከምንድን ነው?	ከራዲዮ-----1 ከቴሌቪዥን-----2 ከጋዜጣ-----3 ከጤና ባለሙያ-----4 ከሌላ(ይጠቀስ)-----		
ክፍል 7. ገፋፊ ሁኔታዎች (ተፅዕኖዎች እና ማህበራዊ ድጋፎች)				
701	ባለቤቶች ስለ ዘመናዊ የእርግዝና መከላከያ ዘዴዎች ባጠቃላይ ያላቸው አመለካከት ምን ይመስላል?	ጥሩ ነው (ይደግፋል)-----1 ጥሩ አይደለም (አይደግፍም)-----2 አላውቅም -----88		

ተ.ቁ	ጥያቄ እና ማጣሪያ	ኮድ ክፍፍል	ወደ ተቀሰው ቁጥር ይሂዱ	ኮድ
702	ባለቤቶች ስለ በማህፀን ወይም በጡንቻ ስር ስለሚቀበሩት የረጅም ጊዜ የእርግዝና መከላከያ ዘዴዎች ያላቸው አመለካከት ምን ይመስላል?	ጥሩ ነው (ይደግፋል)-----1 ጥሩ አይደለም (አይደግፍም)-----2 አላውቅም -----88		
703	በማህፀን ወይም በጡንቻ ስር የሚቀበሩትን የረጅም ጊዜ የእርግዝና መከላከያ ዘዴዎችን ለመጠቀም ከመወሰኛ በፊት ከጤና ባለሙያ ሌላ ያወያዩት ሰው ነበር?	አዎ-----1 የለም-----2	706	
704	የጥያቄ ቁጥር 703 መልስ አዎ ከሆነ፣ ማንን ነው በማህፀን ወይም በጡንቻ ስር ስለሚቀበሩት የረጅም ጊዜ የእርግዝና መከላከያ ዘዴዎችን ለመጠቀም ከመወሰኛ በፊት ከጤና ባለሙያ ሌላ ያወያዩት ሰው?	ባለቤቱን-----1 እናቱን-----2 የባለቤቱን እናት-----3 እህቱን-----4 ጓደኛዬን-----5 ሌላ(ይጠቀስ)-----		
705	የጥያቄ ቁጥር 703 መልስ አዎ ከሆነ፣ ከላይ የተጠቀሰው ዘመዶች ምላሽ ምን ነበር?	ድጋፋዊ-----1 የተቃውሞ-----2 ምንም አስተያየት አልሰጡም-----3		
706	የአሁንን ልጅ ከወለዱ በኋላ የባለቤቶች ምርጫ የነበረው የእርግዝና መከላከያ ዘዴ የቱ ነበር?	በመርፌ የሚሰጥ-----1 በማህፀን ውስጥ የሚቀበር-----2 በእጅ ጡንቻ ስር የሚቀበር (የ 3 አመት፣ የ4 አመት፣ የ 5 አመት)---አንዱ ላይ ያስምሩ---3 ክኒኖች-----4 የወንድ ኮንዶም-----5 የሴት ኮንዶም-----6 ጡት ማጥባት-----7 የማህፀን ትቦ መቋጠር-----8 የወንድ የዘር ፍሬ መተላለፊያ ትቦ መቋጠር-----9 የወንድ የዘር ፈሳሽን ከሴት ብልት ውጭ ማፍሰስ-----10 ሌላ (ይጠቀስ)-----87 አላውቅም-----88		
707	ዘመንዊ የእርግዝና መከላከያ ዘዴ መጠቀም የሚጀምሩበትን ወቅት በተመለከተ የባለቤቶች ምርጫ የነበረው የቱ ነው?	በወለዱ በ48 ሰዓት ውስጥ-----1 በወለዱ በስድስተኛው ሣምንት-----2 ከወለዱ ከስድስት ሣምንት በኋላ-----3 አላውቅም-----88		
708	የአሁንን ልጅ ከወለዱ በኋላ የሌሎች ዘመዶች (ከባለቤቶች ውጪ ያሉ) ምርጫ የነበረው የእርግዝና መከላከያ ዘዴ የቱ ነበር?	በመርፌ የሚሰጥ-----1 በማህፀን ውስጥ የሚቀበር-----2 በእጅ ጡንቻ ስር የሚቀበር (የ 3 አመት፣ የ4 አመት፣ የ 5 አመት)---አንዱ ላይ ያስምሩ---3 ክኒኖች-----4 የወንድ ኮንዶም-----5 የሴት ኮንዶም-----6 ጡት ማጥባት-----7 የማህፀን ትቦ መቋጠር-----8 የወንድ የዘር ፍሬ መተላለፊያ ትቦ መቋጠር-----9 የወንድ የዘር ፈሳሽን ከሴት ብልት ውጭ ማፍሰስ-----10 ሌላ (ይጠቀስ)-----87 አላውቅም-----88		
709	ዘመንዊ የእርግዝና መከላከያ ዘዴ መጠቀም የሚጀምሩበትን ወቅት በተመለከተ የሌሎች ዘመዶች (ከባለቤቶች ውጪ ያሉ) ምርጫ የነበረው የቱ ነው?	በወለዱ በ48 ሰዓት ውስጥ-----1 በወለዱ በስድስተኛው ሣምንት-----2 ከወለዱ ከስድስት ሣምንት በኋላ-----3 አላውቅም-----88		

ተ.ቁ	ጥያቄ እና ማጣሪያ	ኮድ ክፍፍል	ወደ ተቀሰው ቁጥር ይሂዱ	ኮድ
ክፍል 8. የሴቶች የመወሰን ችሎታ				
801	ስለእርስዎ የጤና ምርመራ አገልግሎት ማግኘት ውሳኔ የሚሰጠው ማነው? ማለትም የጤና አገልግሎት ማግኘት ሲፈልጉ የጤና ምርመራውን ለማድረግ የሚወስኑት እርስዎ እራሶች ነዎት ፣ ባለቤቱ ወይም የወንድ ጓደኛዎ ናቸው፣ እርስዎና ባለቤቱ/የወንድ ጓደኛዎ በጋራ ወይስ ሌላ ሰው?	እኔው እራሴ -----1 ባለቤቴ /የወንድ ጓደኛዬ-----2 እኔና ባለቤቴ/የወንድ ጓደኛዬ በጋራ-----3 ቤተሰቦቼ እና ዘመዶቼ-----4 የጤና ባለሙያዎች -----5 ሌሎች ሰዎች (ይገለጽ)-----87		
802	የእግዝና መከላከያ ዘዴዎችን መጠቀምን በተመለከተ ውሳኔ የሚሰጠው ማነው?	እኔው እራሴ -----1 ባለቤቴ /የወንድ ጓደኛዬ-----2 እኔና ባለቤቴ/የወንድ ጓደኛዬ በጋራ-----3 ቤተሰቦቼ እና ዘመዶቼ-----4 የጤና ባለሙያዎች -----5 ሌሎች ሰዎች (ይገለጽ)-----87		
803	ጥያቄ ተ.ቁ 226 ይመልከቱ፡ መላሻ በማህፀን ውስጥ ወይም በእጅ ጡንቻ ስር የሚቀበሩ የረጅም ጊዜ የእርግዝና መከላከያ ዘዴዎች በወለዱ በ48 ሰዓት ውስጥ ተደርጎለቸው ከሆነ	መላሻ በማህፀን ውስጥ ወይም በእጅ ጡንቻ ስር የሚቀበሩ የረጅም ጊዜ የእርግዝና መከላከያ ዘዴዎች በወለዱ በ48 ሰዓት ውስጥ ካልተደረገላቸው	804	
803A	መላሻ በማህፀን ውስጥ ወይም በእጅ ጡንቻ ስር የሚቀበሩ የረጅም ጊዜ የእርግዝና መከላከያ ዘዴዎች በወለዱ በ48 ሰዓት ውስጥ ተደርጎለቸው ከሆነ ማነው የረጅም ጊዜ የእርግዝና መከላከያውን እንዳይጠቀሙ የመጨረሻውን ውሳኔ የሰጠው?	እኔው እራሴ -----1 ባለቤቴ /የወንድ ጓደኛዬ-----2 እኔና ባለቤቴ/የወንድ ጓደኛዬ በጋራ-----3 ቤተሰቦቼ እና ዘመዶቼ-----4 የጤና ባለሙያዎች -----5 ሌሎች ሰዎች (ይገለጽ)-----87		
804	መላሻ በማህፀን ውስጥ ወይም በእጅ ጡንቻ ስር የሚቀበሩ የረጅም ጊዜ የእርግዝና መከላከያ ዘዴዎች በወለዱ በ48 ሰዓት ውስጥ ያልተጠቀሙ ከሆነ ማነው የረጅም ጊዜ የእርግዝና መከላከያውን እንዳይጠቀሙ የመጨረሻውን ውሳኔ የሰጠው?	እኔው እራሴ -----1 ባለቤቴ /የወንድ ጓደኛዬ-----2 እኔና ባለቤቴ/የወንድ ጓደኛዬ በጋራ-----3 ቤተሰቦቼ እና ዘመዶቼ-----4 የጤና ባለሙያዎች -----5 ሌሎች ሰዎች (ይገለጽ)-----87		

መረጃው የተሰበሰበበት ቀን _____
 የመረጃው ሰብሰቢ ስም _____
 የመረጃው ሰብሰቢ ኮድ _____
 የመረጃው ሰብሰቢ ፊርማ _____
 የተቆጣጣሪው ስምና ፊርማ _____

ANNEX 2. Information Sheet and Consent Form

Name of the Principal Investigator: Feleke Habte Gebremichael (MD)

Name of the organization: St. Paulos Hospital Millennium Medical College

Name of the Sponsor: St. Paulos Hospital Millennium Medical College

Information Sheet and Consent Form prepared for participants involved in the study of Magnitude and factors associated with utilization of Long Acting Reversible Contraceptive (LARC) methods in the Immediate Postpartum Period among mothers who gave birth in Addis Ababa Public Health Facilities, Ethiopia.

Introduction

This information sheet and consent form is prepared by the investigator whose aim is to study Magnitude and factors associated with utilization of LARC methods in the immediate postpartum period. The form gives explanation about the research for individuals who are selected to participate in the study, and hence selected individual participants can give their consent based on the explanation. The investigator is OBGYN postgraduate student in St. Paulos Hospital Millennium Medical College.

Purpose: The purpose of this research is to measure the magnitude and to identify factors associated with utilization of LARC methods in the immediate postpartum period. Therefore the findings of this study will contribute a substantial share in improving utilization of LARC methods at the immediate postpartum period by childbearing women and consequently contributing to significantly decreasing maternal and child morbidity and mortality in the city.

Procedure: In order to assess the status of utilization of LARC in the immediate postpartum period in the city we invite you to take part in our project. If you are willing to participate in our project, you need to understand and sign the consent form. Then, you will be asked to give your response by the data collectors. For this questionnaire based study, participants are childbearing mothers (women aged 15-49 years) who gave birth in Addis Ababa Public health facilities within the past 48 hour prior to the study period and lived in Addis Ababa for at least 1 year. All the responses given by the participants and the results obtained will be kept anonymous and confidential, using coding system whereby no one except principal investigator will have access to your responses.

Risk and/or Discomfort: By participating in this research project you may feel that it has some discomfort specially on wasting your time (about 30 minutes) but this may not be too much as

compared to its potential benefits that it contributes to the overall improvement of the health status of childbearing women and their newborns in the community where you live and in your country at large. There is no risk in participating in this research project.

Benefits: If you participate in this research project, you may not get direct benefit but your participation is likely to help in identifying factors affecting LARC utilization in the immediate postpartum period and to solve the problems affecting the service utilization. Finally it will give an insight whether policy change is required or not, based on the findings of the study, for improving utilization LARC in the immediate postpartum period and hence improving the health status of childbearing women and their newborns in the community and the country at large.

Incentives: You will not be provided any incentives to take part in this research project. However we are very grateful for your participation in the study.

Confidentiality and Anonymity: The information that we will collect from this research project will be kept confidential. Information about you that will be collected from the study will be stored in a file, which will not have your name on it, but a code number assigned to it. Which number belongs to which name will be kept under lock and key, and it will not be uncovered to anyone except the principal investigator.

Right to Refuse or Withdraw: You have the full right to refuse from participating in this research (you can choose not to respond some or all of the questions) if you do not wish to participate; and this will not affect your health services you get at from any health facilities. You have also the full right to withdraw from this study at any time you wish to, without losing any of your rights as a resident of this site.

Persons to contact: If you have any question, you can contact any of the following individuals and you can ask them anything you want to know at any time you wish.

- **Dr. Feleke Habte Gebremichael:** St. Paulos Hospital Millennium Medical College,
Tel: 0911879921(+251911879921), E-mail: felekehg@yahoo.com
- _____ : Head of _____ Office, Tel: _____

Dear participant: If you read this form and you are allowed to ask questions now or at any time you want, or if somebody read and explained the form for you, and if you gave your consent to participate in the study, please write your name and sign on the space provided under.

Name and signature of participant _____ Date _____

Name and signature of data collector _____ Date _____

ቅፅ 3. የጥናቱ (የምርምሩ) ማብራሪያ እና የፈቃደኝነት (የስምምነት) መግለጫ ቅፅ

የዋናው ተመራማሪው ስም፡- ዶ/ር ፈለቀ ሀብቱ ገ/ሚካኤል

የተቋሙ ስም፡- ቅዱስ ጳውሎስ ሆስፒታል ሚላኒየም የጤና ኮሌጅ

ለምርምሩ የሚያስፈልገውን ገንዘብ የለገሰው፡- የቅዱስ ጳውሎስ ሆስፒታል ሚላኒየም የጤና ኮሌጅ

በአዲስ አበባ የመንግስት ሆስፒታሎች ውስጥ፤ እናቶች በወለዱ በ48 ሰዓት ውስጥ ሊሰጣቸው ስለሚችሉ በማህፀን ውስጥ እና በጡንቻ ስር ስለሚቀበሩት የረጅም ጊዜ የእርግዝና መከላከያ ዘዴዎች አገልግሎት ላይ ለሚደረገው ጥናት የተዘጋጀ የማብራሪያ (የመረጃ) እና የፈቃደኝነት መግለጫ ፎርም

መግቢያ

ይህንን የማብራሪያ እና የፈቃደኝነት ቅፅ ያዘጋጀው ዋናው ተመራማሪ ሲሆን፤ የተመራማሪው ዓላማም እናቶች በወለዱ በ48 ሰዓት ውስጥ ሊሰጣቸው ስለሚችሉ በማህፀን ውስጥ እና በጡንቻ ስር ስለሚቀበሩት የረጅም ጊዜ የእርግዝና መከላከያ ዘዴዎች አገልግሎት ተጠቃሚነት እና ከዚህ አጠቃቀም ጋር የተያያዙ ወሳኝ ምክንያቶችን ላይ ምርምር ማድረግ ነው። ይህ ቅፅ በጥናቱ እንዲሳተፉ ለተመረጡ ሰዎች ስለ ምርምሩ ምንነት ማብራራት እና የተመረጡት ሰዎችም በማብራሪያው ተመስርተው በጥናቱ የመሳተፍ ስምምነታቸውን እንዲያረጋግጡ ለማስቻል ነው። ዋናው ተመራማሪ በቅዱስ ጳውሎስ ሆስፒታል ሚላኒየም የጤና ኮሌጅ በማህፀን እና ፅንሰ ስፔሻሊቲ ተማሪ ነው።

የጥናቱ ዓላማ፡- የዚህ ጥናት ዓላማ በመውለድ ዕድሜ ክልል ውስጥ ያሉ በአዲስ አበባ ከተማ ውስጥ ባሉ የመንግስት ጤና ድርጅቶች ውስጥ የወለዱ እናቶች ምን ያህል በማህፀን ውስጥ እና በጡንቻ ስር የሚቀበሩ ለረጅም ጊዜ የሚያገለግሉ የእርግዝና መከላከያዎችን በወለዱ በአርባ ስምንት ሰአት ውስጥ ተጠቃሚ እንደሆኑ እና ከዚህ አጠቃቀም ጋር የተያያዙ ወሳኝ ምክንያቶችን ለማወቅ ነው። በመሆኑም የዚህ ጥናት ግኝቶች በመውለድ ዕድሜ ክልል ውስጥ ያሉ ሴቶች በማህፀን ውስጥ እና በጡንቻ ስር የሚቀበሩ ለረጅም ጊዜ የሚያገለግሉ የእርግዝና መከላከያዎችን በወለዱ በአርባ ስምንት ሰአት ውስጥ ተጠቃሚ የሚሆኑበትን ሁኔታ በማሻሻል ሥራ ላይ የራሱ ድርሻ የሚኖረው ሲሆን በተያያዥነትም በከተማው ውስጥ ያለውን የእናቶችና የጨቅላ ሕፃናትን ሞት በከፍተኛ ሁኔታ ለመቀነስ የራሱ የሆነ ሚና ይኖረዋል።

የጥናቱ አሰራር ሂደት፡-በከተማው ውስጥ፤ እናቶች በወለዱ በአርባ ስምንት ሰአት ውስጥ፤ በማህፀን ውስጥ እና በጡንቻ ስር የሚቀበሩ ለረጅም ጊዜ የሚያገለግሉ የእርግዝና መከላከያ ዘዴዎች ተጠቃሚነት ሁኔታ ላይ ዳሰሳ ለማድረግ ይቻል ዘንድ በኛ የጥናት ኘሮጀክት ላይ እንዲሳተፉ ጥሪ እናቀርብልዎታለን። በኛ የጥናት ኘሮጀክት ላይ ለመሳተፍ የሚፈልጉ ከሆነ የፍቃደኝነት ፎርም እንዲገባዎት እና በዚህ ፎርም ላይ መፈረም ይኖርቦታል። በመቀጠል ምላሽ የሚሰጡባቸውን ጥያቄዎች በመረጃ ሰብሳቢዎቹ ይጠየቃሉ። በዚህ መጠይቅ ላይ በተመሰረተ ጥናት፤ ተሳታፊዎች በመውለጃ ዕድሜ ክልል ውስጥ (ማለትም ዕድሜያቸው ከ15 እስከ 45 ዓመት የሆናቸው) ያሉ ሴቶች ሆነው ቃለ መጠይቁ ከመደረጉ በፊት ባሉ 48 ሰዓታት ውስጥ በአዲስ አበባ ከተማ ውስጥ ባሉ የመንግስት ጤና ድርጅቶች ውስጥ የወለዱና በአዲስ አበባ ከተማ ውስጥ ቢያንስ ለአንድ ዓመት ያህል የኖሩ ናቸው። በተሳታፊዎች የሚሰጡ ሁሉም ምላሾች እና የእያንዳንዱ መልስ ውጤት ኮድን በመጠቀም የሚደበቅ እና ሚስጥራዊነቱ የሚጠበቅ ሲሆን ከዋናው ተመራማሪ ውጪ ሌሎች ሰዎች እርሶ የሰጡትን ምላሽ እንዳያገኙ ይደርጋል።

ሊከተሉት የሚችሉ አደጋዎች እና ምቹት መጓደልን በተመለከተ፡- በዚህ የጥናት ኘሮጀክት ላይ በመሳተፍ ምናልባትም ምቹት ማጣት በተለይ የጊዜ (እስከ 30 ደቂቃ) መባከን ሊኖር ይችላል የሚል ስሜት ሊኖርት

ይችላል፡፡ ነገር ግን በአካባቢዎ እንዲሁም በሀገርዎ ለሚኖሩ በመውለድ ዕድሜ ክልል ውስጥ ያሉ ሴቶችን እና የጨቅላ ሕፃናትን ጤንነት ለማሻሻል ከሚያበረክተው ጥቅም ጋር ሲነፃፀር ብዙ ጊዜ አባከኑ የሚያስብል አይደለም፡፡ በዚህ ጥናት ላይ በመሳተፍዎ የሚከሰትብዎት ምንም አይነት አደጋ የለም፡፡

ጥቅሞች፡- በዚህ የጥናት ነጥብ አካል ላይ በመሳተፍዎ የሚያገኙት ቀጥተኛ ጥቅም ላይኖር ይችላል ፡፡ ነገር ግን የእርስዎ ተሳትፎ እናቶች በወለዱ በ48 ሰዓት ውስጥ ሊሰጣቸው ስለሚችሉ በማህፀን ውስጥ እና በጡንቻ ስር ስለሚቀበሩት የረጅም ጊዜ የእርግዝና መከላከያ ዘዴዎች አገልግሎት አጠቃቀም ጋር የተያያዙ አደናቃፊ ወይም የሚያግዙ ወጣች ምክንያቶችን ለመለየት እና የአገልግሎቱን ተጠቃሚነት የሚያደናቅፉትን ምክንያቶች ለማስወገድ የሚረዳ ይሆናል፡፡ በመጨረሻም በጥናቱ ውጤት መሰረት እናቶች በወለዱ በአርባ ስምንት ሰዓት ውስጥ፣ በማህፀን ውስጥ እና በጡንቻ ስር የሚቀበሩ ለረጅም ጊዜ የሚያገለግሉ የእርግዝና መከላከያ ዘዴዎችን ተጠቃሚነት ለማሻሻል ሊረዳ የሚችል የፖሊሲ ለውጥ ማስፈለጉን ወይም አለማስፈለጉን ይጠቁመናል፡፡ በመሆኑም በሀገርዎ በተለይ ደግሞ በአካባቢዎ ነዋሪ የሆኑ በመውለድ ዕድሜ ክልል ውስጥ ያሉ ሴቶችን እና የጨቅላ ሕፃናታቸውን ጤንነት ለማሻሻል ይረዳል፡፡

ማበረታቻ/ማካካሻ (ክፍያን በተመለከተ)፡- በዚህ ጥናት ነጥብ አካል ላይ በመሳተፍዎ ክፍያን መሰል ማበረታቻ አይሰጥዎትም፡፡ ነገር ግን በጥናቱ በመሳተፍዎ ከፍተኛ የሆነ ምስጋና እናቀርባለን፡፡

ሚስጥር ስለመጠበቅ እና የጥናቱ ተሳታፊ ሰው ስምን ስለመደበቅ፡- በዚህ የጥናት ነጥብ አካል ላይ የሚሰበሰቡ መረጃዎች ሚስጥራዊነታቸው የተጠበቀ ይሆናል፡፡ በጥናቱ ከእርስዎ የሚሰበሰበው መረጃ የእርስዎ ስም ሳይገለጽ ነገር ግን ልዩ የኮድ ቁጥር ተሰይሞለት በፋይል ውስጥ ይቀመጣል፡፡ የትኛው የኮድ ቁጥር የየትኛው ሰው እንደሆነ የሚገልፀው ፋይል ይቆለፍበት እና ከዋናው ተመራማሪ በስተቀር ሌላ ሰው እንዳያውቀው ይደረጋል ፡፡

በጥናቱ ለመሳተፍ ፈቃደኛ ያለመሆን እና ከጥናቱ እራስን ስለማግለል መብት፡- በጥናቱ ለመሳተፍ ፍላጎት ከሌሎች ለመሳተፍ ፈቃደኛ ያለመሆን ሙሉ መብት አለዎት፡፡ የተወሰኑትን ወይንም ሁሉንም ጥያቄዎች ያለመመለስም ይችላሉ፡፡ በጥናቱ አለመሳተፍዎ ከጤና ድርጅቶች የሚያገኛቸው የጤና አገልግሎቶች ላይ ተፅዕኖ አይኖረውም ፡፡ በፈለጉት ሰዓትም ከዚህ ጥናት እራስዎን የማግለል ሙሉ መብት ያለዎት ሲሆን፤ ይህም በመሆኑ በዚህ አካባቢ ነዋሪነትዎ ምክንያት ከሚያገኛቸው መብቶች ውስጥ አንዱንም አያጡም ፡፡

ለማግኘት የሚችሏቸው ሰዎች፡- ማንኛውም አይነት ጥያቄ ካለዎት የሚከተሉትን ሰዎች ማግኘት የሚችሉ ሲሆን፤ እርስዎ በፈለጉበት ጊዜ ለማወቅ የሚፈልጉትን አይነት ጥያቄ ሊጠይቋቸው ይችላሉ፡፡

✓ ዶ/ር ፈለቀ ሐብቱ ገ/ሚካኤል፡ ቅዱስ ጳውሎስ ሆስፒታል ሚላኒየም የጤና ኮሌጅ ፤

ስልክ 09 11 87 99 21 ፤ ኢሜል felekehg@yahoo.com

✓ _____

ውድ የጥናቱ ተሳታፊ ፡- ይህንን ቅጽ አንብበውት ከሆነ እና አሁንም ሆነ በሌላ ጊዜ የመጠየቅ እድል ተሰጥቶዎ ከሆነ ወይም ይህ ቅጽ ተነቦሎት እና ተብራርቶልዎት ከሆነ እና ለመሳተፍ ከተስማሙ እባክዎ ስምዎን እና ፊርማዎን ከዚህ በታች ያስቀምጡ፡፡

የተሳታፊ ስምና ፊርማ_____ቀን_____

የመረጃ ሰብሳቢ (የስምምነት ተቀባይ) ስም እና ፊርማ_____ቀን_____

ANNEX 4. Conceptual Framework for utilization of Long Acting Reversible Contraceptive (LARC) methods in the Immediate Postpartum Period

