



ST. PAUL'S HOSPITAL MILLENNIUM MEDICAL COLLEGE

**KNOWLEDGE ATTITUDE AND PRACTICE OF CONTRACEPTION AMONG
POSTPARTUM WOMAN ADMITTED TO POST NATAL WARD IN ST
PAULS HOSPITAL**

BY: DR. REDIET AMERGA (INTERN)
ADVISOR: MR. SAMSON ZEGEYE (MPH)

A REASEARCH PAPER SUBMITTED TO DEPARTMENT OF
PUBLIC HEALTH, SPHMMC AS A PARTIAL FULLFILLMENT
REQUIREMENT FOR THE DEGREE OF DOCTOR OF MEDICINE

Sep, 2017

ADDIS ABABA, ETHIOPIA

ASSURANCE OF INVESTIGATOR

The undersigned agreed to accept responsibility for the scientific, ethical, and technical conduct of the research project and for provision of required progress report as per term and condition of research and publication directorate and department of public health of St.pauls millennium medical college.

Name of the student; Rediet Amerga

Date: Sep 24

Signature_____

Approval of the advisor

Mr. Samson Zegeye (MSC) signature_____ Date_____

ACKNOWLEDGEMENTS

I would first like to acknowledge my Supervisor, Mr. Samson Zegeye for his guidance, inputs, encouragement and commitment throughout the process of undertaking this research proposal. Appreciation also goes to the St.Paul millennium medical collage for providing the opportunity of learning .Lastly; I would also like to acknowledge my fellow classmates and friends for their support and encouragement.

Contents

1. INTRODUCTION	1
1.1. BACKGROUND	1
1.2. STATEMENT OF THE PROBLEM.....	2
1.3. SIGNIFICANCE OF THE STUDY	4
2 .LTRATURE REVIEW.....	5
2.1. ATTITUDE TOWARD CONTRACEPTIVE USE.....	6
2.2. KNOWLEDGE OF CONTRACEPTIVE USE.	7
2.3 PRACTICE OF CONTRACEPTION	8
3. OBJECTIVES	9
3.1. GENRAL OBJECTIVE.....	9
3.2. SPECIFIC OBJECTIVE	9
4. METHOD AND MATERIAL	10
4.1. STUDY AREA.....	10
4.2 STUDY DESIGN	10
4.3. POPULATION	10
4.31. SOURCE POPULATION	10
4.32. STUDY POPULATION.....	10
4.4. INCLUSION AND EXCLUSION CRITERIA.....	11
4.5 .SAMPLE SIZE DETERMINATION	11
4.6. OPERATIONAL DEFINITION	12
4.7. DATA COLLECTION	13
4.8. STUDY VARIABLE.....	13
4.81. DEPENDENT VARIABLE	13
4.82. INDEPENDENT VARIABLE	13
4.9. DATA PROCESSING & ANALYSIS.....	14
4.10 ETHICAL CONSIDERATION.....	14
4.11 DISSMINATION OF THE FINDING	14

5. RESULTS.....	15
5.1 Socio demographic characteristics.....	15
5.2 Knowledge of modern contraceptive among post partal woman	16
5.3 Attitude towards modern contraception	23
5.4 practice of modern contraception 	27
6. DISCUSSION.....	32
7. STRENGTH AND LIMITATION.....	34
8. CONCLUSIONS.....	35
9. REFERANCE.....	36
10. APPENDIX.....	37

List of tables

Table1. Socio demographic characteristics of respondents on KAP of Contraception among Postpartum Woman Admitted to Post Natal Ward in St Pauls Hospital, Addis Ababa, 2017	15
Table 2: modern contraceptive information of post partial woman Admitted to Post Natal Ward in St Pauls Hospital, Addis Ababa, 2017	16
Table 3:knowledge assessment question response of woman admitted to st Paul hospital post natal ward Addis Ababa Ethiopia,2017.....	18
Table 4Socio demographic variables and knowledge modern contraceptive above and below mean cross tabulation.....	20
Table 4 Attitude towards modern contraceptive of the study population	24
Table 5 Socio demographic variables and attitude towards modern contraceptive above and below mean cross tabulation	25
Table 5 Practice of moderen contraception among post partial woman addmitted to post natal ward addis abeba ethiopia	28
factor associated with practice of modern contraception	28
Table 6 Cross tabulation between modern contraceptive practice and socio-demographic variable	29

ACRONYMS AND ABBREVIATION

DHS: Demographic and Health Surveys

KAP: Knowledge attitude and practice

MDG: Millennium developmental goal

OBGYN: Obstetrics and gynecology

TFR: Total fertility rate

WHO: World health organization

ABSTRACT

Background:

There is high unmet need for limiting and spacing child birth during post partum period .given the consequence of closely spaced birth and the benefit of longer pregnancy interval targeted activity is needed to reach this population of post partum woman . The postpartum period is an important time to initiate contraception because women are accessing the health- care system and might have increased motivation to avoid another pregnancy.

Objective:

This study is aimed at assessing knowledge, attitude and practice of contraceptive use among postpartum woman admitted in postnatal ward.

Methods:

The study design that is employed is institutional based cross sectional quantitative survey among patients who are admitted to St.Paul's hospital millennium medical college obstetrics and gynecology postnatal ward from NOV 1-30. The primary Data were collected using a structured interview questionnaire in local language (Amharic) after informed verbal consent. To analyze the data were then entered into SPSS version 20.0 for analysis, logistic regression models were fitted to assess associations. Associations were assessed by chi square test

Result:

Among 235 women admitted in St.Paul's millennium medical collage post natal ward. Data was analyzed through spss version 20 logistic regression model was used to measure association. The study revealed that more than 78.7% post partal woman have heard of modern contraceptives and have knowledge of at least one contraceptive. The three most commonly identified modern contraceptives among the respondents were 18.3%implantes, 17% Injectable and 22.2% pills. Age, occupation, residency income and education showed association with knowledge of contraception. Most of (61 %,) the study subjects are currently using modern contraceptives. Moreover, 49.6% of the respondent consider modern contraceptive method do not have harmful effects on health and

72% agree that using contraception help the mother to regain her strength before next pregnancy. In general about 73.7% have a favorable or a positive attitude towards modern contraceptive. Those with good knowledge about modern contraception show good attitude there is critical need to teach with consideration of post partal woman context about the modern contraceptive practice to overcome the reproductive health problems.

1. INTRODUCTION

1.1. BACKGROUND

The health of mothers and children remain a subject of global concern. Studies have shown that prenatal, neonatal and under five as well as maternal mortality rates remain high in most developing countries. Strategies have been employed by various governments in improving these indices amongst which is the use of family planning. Despite employing this strategy, the contraceptive prevalence is relatively low in most developing countries with values ranging from 6-14.6%. [1]

The fifth Millennium Development Goal (MDG) that aims to reduce infant deaths and improve maternal health while providing universal access to sexual and reproductive health services by 2015. The dynamics of contraceptive use among women in extended postpartum period, i.e. one year period after the birth of child, is of interest at the family planning program level, since delay of use until the return of menstruation might subject women to the risk of unwanted pregnancy. An increase in contraceptive use during the postpartum period substantially reduces the rates of maternal and infant mortality by preventing unplanned and unwanted pregnancies, and spacing new pregnancies to at least two years after the previous birth. Furthermore, the largest proportion of women with an unmet need for contraception is found among those in their first year after childbirth. An analysis of data from 25 countries collected as part of the Demographic and Health Surveys (DHS) project found that mortality risks are elevated for both the previous child and for the newborn infant if birth intervals are shorter than expected.

In order to reduce the risk of adverse maternal, prenatal and infant outcomes, WHO recommended that the interval between a live birth and an attempt to the next pregnancy should be 24 months [3]. Also Demographic and Health Survey (DHS) data analysis from 17 developing countries found that the risk of the newborn and infant dying decreases with increasing birth interval lengths up to 36 months.

In addition, short birth intervals (<24 months) also have a potential effect on the increased risk of maternal death and complications of pregnancies. Among the common reasons for unmet need for family planning are inconvenient, unsatisfactory services, lack of information, fears about contraceptive side effects and opposition from husbands, relatives or others. [4]

Family planning and adoption of birth control measures reduces unintended pregnancies and unsafe abortions, averts maternal and new born deaths, and leads to a decline in the number of women facing complication due to unsafe pregnancies. Selecting appropriate contraceptive is a major concern in postpartum period.[5]

1.2. STATEMENT OF THE PROBLEM

In spite of the constant efforts by the government, unmet need of contraception (26% in 2016 DHS report) is still there [6]. There are many social factors, taboos, myths and ignorance which are responsible for underutilization of contraceptive services. This leads to many unwanted pregnancies causing maternal morbidity and mortality.

The postpartum period is an important time to initiate contraception because women are accessing the health- care system and might have increased motivation to avoid another pregnancy .Ovulation can occur as early as 25 days postpartum among non-breastfeeding women, underscoring the importance of initiating contraception in the very early postpartum period. [2] The dynamics of contraceptive use among women in extended postpartum period, i.e. one year period after the birth of child, is of interest at the family planning programme level, since delay of use until the return of menstruation might subject women to the risk of unwanted pregnancy. An increase in contraceptive use during the postpartum period substantially reduces the rates of maternal and infant mortality by preventing unplanned and unwanted pregnancies, and spacing new pregnancies to at least two years after the previous birth.[2]

Furthermore, the largest proportion of women with an unmet need for contraception is found among those in their first year after childbirth.[3]An analysis of data from 25 countries collected as part of the Demographic and Health Surveys (DHS) project found that mortality risks are elevated for both the previous child and for the newborn infant if birth intervals are shorter than expected.

In this context, the postpartum period is particularly important for initiating contraception to space births in a healthy manner. The present study was undertaken in post partal woman attending postnatal ward to know their attitude, knowledge & practice of contraceptive methods.

1.3. SIGNIFICANCE OF THE STUDY

There is underutilization of contraceptives and unmet need of contraception among woman in Ethiopia in general [3]. Like many other obstetrics population statistics, and similar to many sub-Saharan countries, the national rate of contraceptive use in postpartum woman in Ethiopia is not readily available . other studies done in sub-Saharan Africa and India showed that the greatest unmet need of modern contraception is among post partal woman. The importance of this study is to evaluate knowledge attitude and practice of contraceptive use among postpartum woman. To the best of my knowledge there is a paucity of such studies in literature. Therefore, this study may be employed as a foundation for a database to determine knowledge attitude and practice of contraception in similar hospitals found in the country. It can also help to increase future contraceptive coverage among post partal woman.

2. LITRATURE REVIEW

There are different class of contraceptive it is classified as short acting ,the intermediate acting, long acting and permanent acting based on duration of action and based on mechanism it can be classified as barrier method which include male and female condoms, diaphragm and cervical cap, sponge ,and emergency contraception, oral contraception which include combined oral contraceptive and progestin only contraceptive ,contraceptive implants ,contraceptive vaginal ring, intrauterine contraception and traditional method like withdrawal method ,lactation ,and calendar method.

Globally, each year, nearly 350,000 women die while another 50 million suffer illness and disability from complications of pregnancy and child birth [7]. It has been reported that Ethiopia is one of among six countries that contribute to about 50% of the maternal deaths along with India, Nigeria, Pakistan, Afghanistan and the Democratic Republic of Congo [7]. The Ethiopia Demo- graphic Health Surveys of 2000, 2011 and 2016 gave figures of 673, 676 and 412 per 100,000 live births maternal mortality ratios respectively [8-10].

Modern family planning methods are widely believed to influence fertility reduction worldwide [11]. Family planning had a clear effect other health of women, children, and families worldwide especially those in developing countries [12]. Globally, contraceptives help to prevent an estimated 2.7 million infant deaths and the loss of 60 million of healthy life in a year [12]. Promotion of family planning in a country with high birth rate has the potential to reduce poverty and hunger and avert 32% of all maternal deaths and nearly 10% of childhood deaths. [13]It would also contribute substantially to women's empowerment, achievement of universal primary schooling, and long-term environmental sustainability. In the past few decades, family-planning programs in Ethiopia have played a major part in raising the prevalence of contraceptive practice from less than 10% to 60% reducing fertility in developing countries from six to about three births per woman [13].

The modern family planning service in Ethiopia started in 1966 [14] but showed little signs of expansion for an extended period of time. However, in the last 20 years, with the adoption of the population policy in 1993 [14,15], numerous local and international partners in family planning have come together to assist the government in expanding family planning programs and services.

The National Population Office was established to implement and over-see the strategies and actions related to the population policy [14]. In 1996, the Ministry of Health released Guidelines for Family Planning Services in Ethiopia to guide health providers and managers, as well as to expand and ensure quality family planning services in the country [17].

2.1. ATTITUDE TOWARDS CONTRACEPTIVE USE

Attitudes and perceptions of women about contraceptive is determined by such factors like woman's knowledge about contraceptive and spouse attitude about contraceptive. [18]

By definition women who have no knowledge of family planning do not use contraceptives. On the other hand, nearly one in two women with knowledge of family planning does not use contraception [18].

Spousal communication is an important precursor to the adoption of family planning methods. Seven percent of women who have never discussed family planning with their husband use a method of contraception compared to 27 percent of women who discuss family planning once or twice and 40 percent of women who discuss family planning more often [17].

Research done in Port Harcourt Nigeria showed that 66.4 % woman who participated in the research was willing to use contraceptive of those 50.6 % of them were willing to use contraceptive for the reason of child spacing and 31.5 % of the woman were willing because their spouse had positive attitude toward contraceptive .The rest of the woman were willing to use contraceptive for reasons like doctor advice, health reason and financial reason. Those who were unwilling to use contraceptive were 26.1%, reasons for their unwillingness include fear of the side effect (which was the thought of 60% of those who were unwilling to use contraceptive), 23% said they have already complete family so there is no need to use contraceptive other reason for not willing to use contraceptive include religion, for the thought that it will affect the sex of the baby, and having sexual intercourse occasionally [18]

2.2. KNOWLEDGE OF CONTRACEPTIVE USE

In most country the majority of the woman could spontaneously name at least one family planning method, usually a modern one. More than 85% of woman could name at least one contraceptive method in all of North Africa and Asian country. Between 50-80% could name at least one type of contraceptive in sub-Saharan Africa. [19]

Among modern method the pill is the most frequently mentioned and in most sub-Saharan country knowledge of traditional method, principally prolonged abstinence is greater than knowledge of any modern method. In general, the least well known method was male sterilization, vaginal method, and the two traditional method, periodic abstinence and withdrawal. [19]

Study done on knowledge of contraception among post partal woman admitted to hospital in northern India showed that about 72.4% of respondents have heard about modern contraception the most popular method known was iud ,the source of information mostly were TV advertisement .After receiving post partum family planning counseling 95% of respondents were willing to use contraception another study done in bareilly district of India reported prevalence of post partum contraception utilization were 28% higher post partum contraception prevalence were seen from population council study and it was about 41%[21]

Research done on Dembia District, northwest Ethiopia showed that 71.3% of the participants had information about family planning. Only three methods were used by the client. These are Injectable, which is known by 64.2% of the respondent, pills which is known by 33.1% of the respondents and iucd which is known by 1.2 % of the respondents. No one mentioned about male sterilization methods while two people mentioned Norplant. [20]

The major sources of information were the health center which were 54.3% of the case and Community Based Reproductive Health Services which were 17.1% of the case. The desire to have many children was mentioned by a large proportion of women as a reason for not ever using and not desiring to take contraceptives in the future. It is a known tradition in Ethiopia that having many children is considered as an asset. This tradition should stop somewhere since this has an economic and social impact .Side effects caused by the methods were also mentioned by a significant number of women as a reason for discontinuing or not having the desire to take contraceptives in the future. [20]

At each visit to hospital or contact with healthcare worker need for contraception should be highlighted, doubts about side-effects should be cleared and there should be emphasis on benefits of regular contraceptive use. The main reasons for not using contraception in present study were unawareness and worry about side-effects of contraceptive use. Post-partum period is the important time to highlight the need for contraceptive use as patient is highly receptive at that point of time and need for contraception should be highlighted at each post-partum visit.

It is very important to counsel both the partners as almost 4% women quoted opposition from husband as a reason for not using any contraceptive and none of the users quoted male sterilization as contraceptive method.[20] Barrier was the most commonly used contraceptive method. Though 55% were aware about contraception still 40% were using contraception.

This gap between knowledge and practice was seen in other studies as well. To reduce this gap, most important method is to have free and wide availability of family planning services and strong motivation by healthcare professionals. Couples should be offered with a range of contraceptive methods so that they can decide the one which suits them the most. [20]

2.3 PRACTICE OF CONTRACEPTION

Many women in developing countries use family planning methods to prevent unwanted and unplanned pregnancies. Contraceptive use levels have increased from 10 percent in the 1960s to more than 50 percent in the 1990s in developing countries including some sub-Saharan countries [20]

The population of Ethiopia is about 94.1 million (8.2 % of the African population). The total global fertility is 2.8 but Ethiopia has a total fertility rate of 5.07[16]. The national family planning coverage of Ethiopia in 1992, 1993, 1994, 1995, 2001, 2009 (E.C) was 13.34%, 18.7%, 17.23%, and 21.46 %, 29% and 36% respectively.[19]

Ethiopia has also experienced a fairly slow decline in fertility over the past decade. The reported total fertility rate (TFR) was 6.4 children per woman in 1990, and by the year 2000, it had decreased to 5.9 children per woman and 5.07 in 2016 .

Community based study done on gondar town on practice of contraception among post partal woman showed that nearly 48.4 % of the population were using one form of contraception the study also showed that contraceptive usage showed significant difference among different age group and factor such as duration of post-partum period previous and visit affect contraception usage greatly

Although the contraceptive prevalence rate among women of reproductive age (15-49 years) has doubled during the last ten years, it still remains very low (26% among married woman ...DHS2016) . This may indicate the existence of some barriers that prohibit couples from using family planning even if they desire to limit or delay births. [19]

3. OBJECTIVES

3.1. GENRAL OBJECTIVE

- 1) To assess the knowledge, attitude and practices of contraception among post-partum woman admitted to postnatal ward in sphmmc.

3.2. SPECIFIC OBJECTIVE

1. To evaluate the number of woman who have knowledge about contraceptive
2. To estimate the number of woman who are using contraceptive
3. To determine attitude of a woman to ward contraceptive use

4. METHOD AND MATERIAL

4.1. STUDY AREA

The study is conducted in Addis Ababa, the capital city of Ethiopia .Addis Ababa has a population size of over 3 million (3,038,096) with annual growth rate of 2.1% (data obtained from central statistical agency of Ethiopia). The city is divided into ten sub-cities and 100Kebeles (lowest administrative units in Ethiopia).

Addis Ababa is located at 9°1'48"North and38°44'24"East and the total land area is 54, 000 hectares. Its average elevationis2, 500m above sea level, and hence has a fairly favorable climate and moderate weather conditions.

The study is conducted in St.Paul's Hospital Millennium Medical College postnatal ward. SPHMMC is situated in Gulele sub-city; Addis Ababa. The hospital serves as teaching for medical students and provides health care services for out-patients and in-patients, in addition to that gives private wings services. It has about 19 gyn-obs specialists and 84 residents .It currently has 392 beds, with an annual average of 200,000 patients.

4.2 STUDY DESIGN

The study design is a facility-based cross-sectional study using quantitative methods.

4.3. POPULATION

4.3.1. SOURCE POPULATION

The source population of the study is all women who are admitted to St.Paul hospital postnatal ward.

4.3.2. STUDY POPULATION

The study population is all women were admitted to st Paul hospital postnatal ward and who fulfill inclusion criteria and was admitted from nov1-30.

4.4. INCLUSION AND EXCLUSION CRITERIA

Inclusion criteria

- Were women in the age group of 20-45 years.
- Patients who are admitted to SPHMMC OBGYN post natal ward.
- Patients who are willing to participate on the study and give informed consent

Exclusion criteria

Women having any medical disorders which preclude use of contraception

4.5 .SAMPLE SIZE DETERMINATION

I used the following formula to determine the sample size of the study.

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

Where: n = sample size

Z=standard normal distribution corresponding to significance level at $\alpha=0.05$

“P”, proportion of contraceptive usage was assumed to be 23.1 which was derived from study conducted in Dembia District, northwest Ethiopia.

d =margin of error 5%

Since our source is from small population we use the formula ($n < 10000$)

$$n = \frac{\frac{Z^2 p(1-p)}{d^2}}{1 + \frac{1}{N} \left(\frac{Z^2 p(1-p)}{d^2} - 1 \right)}$$

And our sample size will be 235

Sampling technique

All woman who were admitted to St.Paul hospital post natal ward in given time frame and fulfill the inclusion criteria were included in the research.

4.6. OPERATIONAL DEFINITION

Postpartum period: refers to the first six weeks after child birth ...who definiti

Knowledgeable: From the knowledge questions on modern contraception who respond correctly above the mean value.

Not knowledgeable: Those who score less than the median value.

Positive attitude from attitude indicator question on modern contraception who responded correctly above the mean value

Negative attitude: from attitude indicator question on modern contraception who responded correctly below the mean value.

Practice: respondents who are using contraception currently

4.7. DATA COLLECTION

Two hundred thirty five respondents who are admitted to st Paul hospital post natal ward were interviewed using structured anonymous self administered questionnaire designed to obtain information about the socio-demographic characteristics, reproductive health data of the respondents, awareness of time of commencement of contraceptive options, knowledge of various types of contraceptive methods, source of information, willingness, reasons for use and none use of contraceptive methods. The survey questionnaire was first adopted in English and translated to the Amharic language (Local language) and then back to English for its consistency the data collection was done through two interviewers who are medical student and have a good understanding about the study .Consent of the patients was obtained after educating the attendees of the study and ethical approval was obtained from the ethic committee before the commencement of the study.

4.8. STUDY VARIABLE

4.8.1. DEPENDENT VARIABLE

- ✓ Knowledge of types of contraceptive methods
- ✓ Attitude to contraception
- ✓ Practice of contraception.

4.8.2. INDEPENDENT VARIABLE

1. Age
2. Religion
3. Education
4. Marital status
5. Income
6. Occupation
7. Residency

4.9. DATA PROCESSING & ANALYSIS

After data collection, each questionnaire is checked for completeness ,consistency and clarity and is coded and then entered into the prepared template and rechecked for errors. Data is cleaned and explored for outlier, missed values and any inconsistencies and analyzed using SPSSversion20.

Descriptive statistics like frequency tables, graphs and descriptive summaries is used to describe the study variables.

4.1.0. ETHICAL CONSIDERATION

Ethical clearance to conduct the study is obtained from St. Paul's Hospital Millennium Medical College, department of public health and permission to conduct the study in the department of obstetrics and gynecology will be secured from the department. Confidentiality is ensured for the information by not recording the name of the respondent or other identifiers.

4.1.1. DISSMINATION OF THE FINDING

The findings will be presented to the St. Paul's Hospital Millennium Medical College, department of public health. The findings will also be communicated to local health planners and other relevant stakeholders the area to enable them take recommendations into consideration during their planning process. Publication in peer reviewed, national or international journals will also be considered.

5. RESULTS

This chapter describes the findings on the relevant variables which were extracted from the collected data from post partial woman admitted to postnatal ward.

5.1 Socio demographic characteristics of study participants

A total of 235 post partial women responded to the structured questionnaire making the response rate of the study to be 100%. As it is shown in Table 1 the age of study participants are ranging from 15-43 years. About 54.2 % of the respondents belonged to the age between 21-30 . Concerning to the marital status of post partial woman, 184 (78.1%) were married. More than two thirds of respondents 164 (69.5%) were Orthodox.

Regarding the educational status of post partial woman 76 (32.1 %) attended secondary school education, who writes and read were 29 (12.3%) and 35(19%) attended elementary school. About 32.2 % the respondents were House wife and more than half of the respondents earned< 2000 ETB per month. See table one below

Table1. Socio demographic characteristics of respondents on KAP of Contraception among Postpartum Woman Admitted to Post Natal Ward in St Pauls Hospital, Addis Ababa, 2017

Socio demographic factor	Frequency	Percent
Age 15-20	10	4.2
21-30	130	55.3
31-35	48	20.4
36-40	31	13.2
>40	16	6.8
Religion Orthodox	164	69.5
Muslim	39	16.1
Protestant	30	11.9
other	2	.9
Marital status Married	185	78.4
Single	40	16.7
Divorced	5	2.1
widowed	5	2.1
Educational level		
Read and write	29	12.3
Primary school	35	14.8
Secondary school	77	32.8
Certificate	14	6.0
Diploma	68	28.9

Above diploma	12	5.1
Residency urban	166	70.6
Rural	69	29.4
Occupation government employee	61	26
Private employee	50	21.2
Self employee	43	18.3
House wife	81	34.4
Monthly Income		
500-1000	54	23.0
1001-2000	104	44.3
2001-3000	43	18.3
>3000	34	14.5

5.2 Knowledge of modern contraceptive among post partial woman

The majority of the respondents, 185 (78.7%) heard about modern contraceptive use. The major sources of information were from health institutions (health professionals) 138 (58.5%), radio and television, 47 (19.9%) and 28 (11.9) friends.

Table 2: modern contraceptive information of post partial woman Admitted to Post Natal Ward in St Pauls Hospital, Addis Ababa, 2017

	Frequency	Percent
Have you ever heard of modern contraception	185	78.7
Yes	50	21.3
No		

From whom or where did you get the information about modern contraception		
Health worker	128	54.5
TV or radio	31	13.2
Flier	2	.9
Friends	21	8.9
others	3	1.6
total	185	100

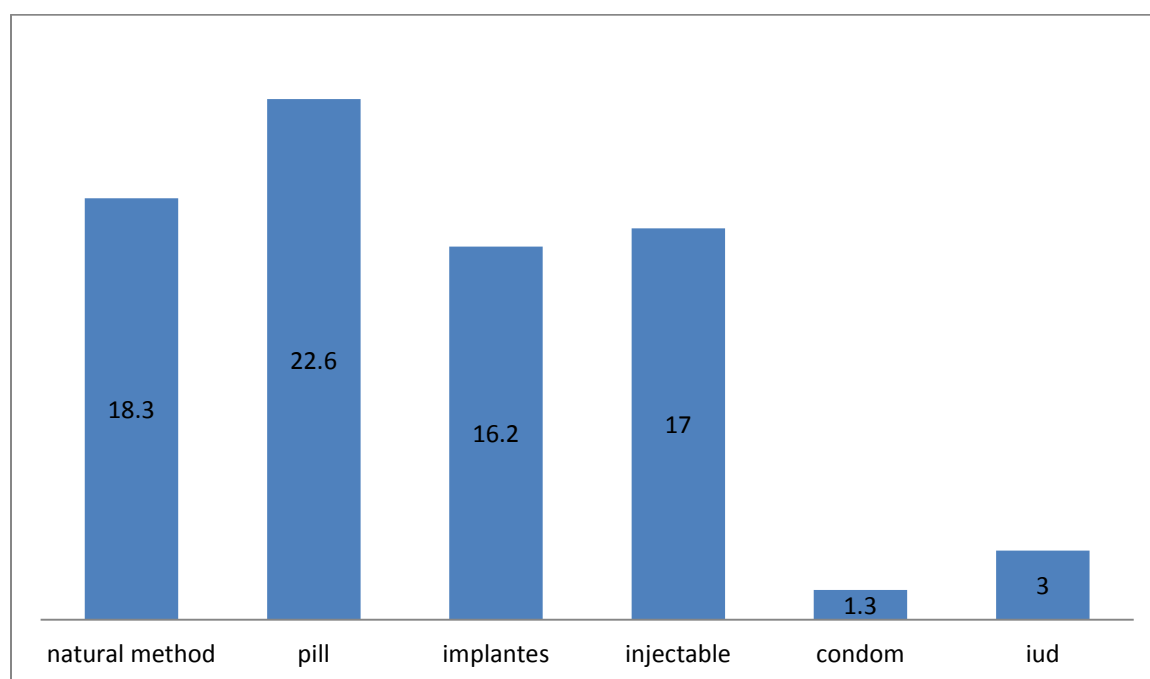


Fig 1: knowledge on the type of Contraceptive method admitted to Post Natal Ward in St Pauls Hospital, Addis Ababa, 2017

To assess the level of knowledge, a series of four knowledge questions on contraceptive method, the purpose, its effect on parents responsibility were interviewed to those post partial woman who had heard of modern contraception. To generate the summarized level of knowledge, the response to each question was first scored and a cumulative or total score weighted mean was calculated. And then the respondents who were scored above and below the mean value classified as knowledgeable and not knowledgeable. In this study those who scored two and above are knowledgeable and those who scored below two are not knowledgeable. Based on this 64.1% of respondents were knowledgeable and the rest were not knowledgeable

Prior information about contraception	Yes no	78.7 21.3
Type of contraception respondents know	Ocp Implant Injectable Condom Iucd Natural method	22.6 16.2 17 1.3 3 18
The reason for contraception use	Spacing Limiting both	48 40 11
Whether contraception help parents to be responsible	Yes No	91.5 2.6

Table 2 knowledge assessment question response of woman admitted in st Paul hospital postnatal ward ,Addis Ababa 2017

5.3 Relation between knowledge of modern contraceptive and socio- demographic variable

To determine the relationship between the dependent variables (the knowledge and attitude towards modern contraceptive) and independent variables cross tabulation was used. Respondents age, marital status, income and educational states in relation to their knowledge of modern contraceptive.

To assess the level of knowledge, a series of five knowledge questions on contraceptive method, identification; the purpose; sources of knowledge; and type of contraceptive were interviewed to that woman who had heard of contraception. To generate the summarized level of knowledge, the response to each question was first scored and a cumulative or total score weighted mean was calculated. And then the respondents who were scored above and below the mean value classified as knowledgeable and not knowledgeable.

Table 3 Socio demographic variables and knowledge modern contraceptive above and below mean cross tabulation

Socio demographic factor	Percentage of knowledge below the mean(below 2)		Percentage of knowledge above the mean (2and above	
AGE				
15-20	5	6.4	4	2.5
21-30	37	47.4	93	59.2
31-35	18	23.1	30	19.1
36-40	8	10.3	23	14.6
>40	10	12.8	7	4
Total	78	100	157	100
Marital status				
married	59	76.6	126	80.3
Single	11	14.3	29	18.5
Divorced	4	5.2	1	0.6
Widow	3	3.9	1	0.6
Total	77	100	157	100
Educational level				
Read and write	6	3.8	23	29.2
Primary school	15	9.6	20	26.0

Secondary school	60	38.5	17	22.1
Certificate	10	6.4	4	5.2
Diploma	57	36.5	11	14.3
Above diploma	8	5.1	2	2.6
total	156	100	79	100
Income per month				
500-1000	27	17.2	27	34.6
1000-2000	69	43.8	35	44.9
2000-3000	54	21.7	9	11.5
>3000	27	17.2	7	9.0
Total;	157	100	78	100
Residency				
Urban	120	76.4	46	59
rural	37	23.6	32	41
total	78	100	157	100
Occupation				
Government	54	34.4	7	9
Private	40	25.5	10	12.8
Self	35	22.3	8	10.3

House wife	28	17.8	53	68
Total	157	100	78	100

Chi square test was used to see the association between socio-demographic variable and knowelagblity

Pearson Chi-Square Likelihood Ratio	Value	df	Asymp. Sig. (2-sided)
Age	11.201	5	.048
Marital status	8.849	3	.031
Religion	5.633	3	.131
Education	10.762	5	.001
Income	7.658	1	.006
Residency	12.241	3	.007
Occupation	6.96	4	.003

Chi square test was used to see association between socio demographic factor and knowelagblity and socio demographic variable and those variable like age occupation residency income and marital status showed significant association with knowelagblity.

5.4 Attitudes of modern contraceptive by the study groups

Respondents were again questioned about their attitudes toward modern contraception. The ten items were answered as either 'yes' or 'no'. For positively-worded statements, those who selected 'yes' were regarded as having a positive attitude and those who chose 'no' were considered to have a negative attitude. Conversely, for those who worded as negatively worded statements, were categorized as having a negative attitude and for those who put as positively- worded statements were clustered as having a positive attitude. To make the summarized level of attitude the responses to each attitudinal item were totally scored and weighted mean calculated And those respondents score above and below mean value was considered as being a '*positive attitude*' and '*negative attitude*' respectively.

As stated in the above, attitude indicator items regarding modern contraceptive were asked to determine their attitude towards modern contraceptive. As shown in the Table 2 44.5% (105) respondents think using contraceptive is not a sin. Moreover, 85.6%% of the respondent consider modern contraceptive method help to regain mothers health before next pregnancy and 50.4% agreed that having to many children don't guarantee family continuity .In general the attitude towards modern contraceptive how scored above the mean is about 73.7% (174) have a favorable or a positive attitude towards modern contraceptive.

Table 4 Attitude indicators towards modern contraceptive of the study population

Attitude indicator	Yes/no	Frequency	Percent
Having too many children will help to improve the income of the family	Yes	65	27.5
	No	170	72.5
Having too many children will guarantee generational continuity	Yes	75	31.8
	No	160	68.2
High infant/child mortality should be compensated by too much birth	Yes	91	38.6
	No	144	61.4
It is a sin to practice modern Contraceptive methods (not religiously allowed).	Yes	93	39.4
	No	142	60.6
Modern contraceptive has side effects; it will be dangerous to a mother	Yes	86	36.4
	No	149	63.6
Child spacing helps to protect the health problems of mothers and children	no	60	25.4
	yes	168	71.2
Family planning practice will cause a loss of confidence between couples	Yes	68	28.8
	No	167	71.2
Contraceptive use decreases sexual satisfaction between couples	Yes	52	22
	No	128	54.2
Contraceptive use causes infertility in women.	Yes	67	28.9
	No	183	71.1
Men should share the responsibility of family planning use	No	61	25.8
	Yes	174	74.2
Modern contraceptive helps a mother to regain her strength before her next baby	No	25	10.6
	Yes	210	

5.5 Socio demographic variables and attitude towards modern contraceptive above and below mean cross tabulation

Post partial woman's attitude towards modern contraceptive based on age categories is as follows; whose age under 30 and has positive attitude modern contraceptive are 66.9% ,post partial woman who are unmarried and have positive attitude is 66.6, respondents 69.7% Educational level of post partial woman who are high school completed and above high school and who has a positive attitude towards modern contraceptive are 74 and 73% respectively.

Table 5 Socio demographic variables and attitude towards modern contraceptive above and below mean cross tabulation

Socio demographic factor	Attitude below and above the mean	
	Good attitude (≥ 5)	Bad attitude (< 5)
AGE		
Below 30	67.2	32.8
Above 30	57.6	42.4
Marital status		
Ever been married	64.4	35.6
Single	57.1	42.9
Educational level		
Below Secondary	43.8	56.2
Above secondary	70.3	29.7
Occupation		
Work	73.2	26.8
House wife	44.6	55.4
Income per month		

<2000	63	36.8
>2000	63.2	37
Residency		
Urban	66.9	33.1
Rural	55.1	44.9

Chi square test to see association between socio demographic characteristic and attitude

Pearson Chi-Square Likelihood Ratio	Value	df	Asymp. Sig. (2-sided)
Age	6.617	5	.251
Marital status	12.61	3	.006
Religion	2.14	3	.54
Education	19.231	5	.002
Income	7.51	3	.056
Residency	2.992	1	.087
Occupation	19.176	4	.001

chi square test was done to see the association between socio-demographic factor and good attitude towarded contraception and the result showed income marital status occupation and residency showed significant association while the other socio demographic variable has no significant association ..

5.6 Practice and factor associated with practice of modern contraception

Among the respondents 63.1 % of them is using modern contraceptive currently and the most popular method used is implanon (28.8%).The majority of respondents are using a method of their choice only 3.8% of the respondents are not using their method of choice because of reasons like husband disapproval and absence of preferred method. On the contrary 27.5% of the respondents have never used a modern contraception in their life and mentioned fear of a health risk and wanting more children as a reason. 55.5% of respondents think that religion leaders do not approve of using modern contraception and it may be one Of the factor for non use .most woman think the husband priority in the house is the main reason why woman are not using contraception in general (53.1%).72.6%of the respondents think both the husband and the wife should be decision makers when it come to contraception and 72% of respondents have good communication with their spouse when it comes to health facility most respondents claim that they can have the service nearby less then 30min. Improper customer handling was the main problem mentioned.

Table 5 Practice and factor associated with practice of modern contraception

	Frequency		Percent
Are you currently using modern contraceptive method?	Yes	149	63.1
	No	86	36.4
What is the method you are using?	ocp	60	40.2
	implant	27	18.1
	Injectable	37	24.8
	condom	6	4.0
	lucd	19	12.7
Are you using the method you choose?	Yes	170	72.0
	No	64	27.1%
What was the major reason for not using your choice?	Absence of preferred method	14	20.9
	Wasn't asked to	27	40.3

	choose My husband did not allow	26	38.8
Have you ever used modern contraceptive?	Yes No	65 21	75.58 24.2
What was the major reason to default?	Health reason Husband refusal To have a child	13 2 50	20.0 3 76.9
Do religious fathers approve modern contraceptive use?	Yes No	100 132	42.561.4
what is the most important reason/s for a woman for not using modern contraceptive	Husband superiority Religious reason Sexual choice Side effect	42 132 41 17	20 55.9 17.1 7.2
Whom do you think should make a decision to use family planning in the family?	Both Husband Wife Parents	170 15 20 30	72 6.3 48.5 12.7
Have ever discussed about modern contraceptive with your husband?	Yes No	195 40	82.9 17.1
How long did it take for you to go to the nearby health facility to get modern contraceptive service (on foot)?	30min 31-50min 1-1.30hr >1.30hr	136 50 31 18	57.8 21.2 13.1 7.6
What are the major weaknesses you have observed so far regarding service provision?	Supply of shortage Not enough distribution Shortage of man power Improper customer handling Expensive drug	31 26 61 87 30	13.1 11.0 26 37 12.7

5.7 Socio demographic and associated factor and practice of modern contraception

To study correlation between independent variables (socio demographic factors) and dependant variable (practice) cross tabulation was used. Respondent's age, marital status, income and educational status in relation to practice of modern contraception was studied.

Table 6 Cross tabulation between modern contraceptive practice and socio-demographic variable

Socio demographic factor	Frequency of respondents with current use of contraception	Percent
AGE		
Below 30	90	60.4%
Above 30	59	39.6%
Marital status		
Ever been married	124	83.2%
Single	25	18.6%
Educational level		
Below Secondary	27	18.1%
Above secondary	122	81.9%
Income per month		
<2000	79	53
>2000	70	47
Residency		
Urban	113	75.7
Rural	56	24.2.
Occupation		
Housewife	39	26.2
Employed	110	73.8

Chi square test to see association between practice and socio- demographic variable

Pearson Chi-Square Likelihood Ratio	Value	df	Asymp. Sig. (2-sided)
Age	4.9	5	.422
Marital status	7.301	3	.063
Religion	.874	3	.832
Education	19.501	5	.002
Income	.26	3	.96
Residency	5.309	1	.021
Occupation	19.903	4	.001

Chi square test showed education, marital status and occupation from socio-demographic variable showed strong association with practice of modern contraception .

Chi square test to see association knowledge attitude and practice

Pearson Chi-Square Likelihood Ratio	Value	df	Asymp. Sig. (2-sided)
Attitude	5.7	1	.017
Knowledge	18.9	4	.002

Being knowledgeable and having good attitude also have strong association with practice of modern contraception

6 DISCUSSION

This study provides information about Knowledge, attitude and practice of modern contraceptive among the post partal woman in st Paul hospital. The knowledge of modern contraceptive is important in developing country, to decrease the maternal mortality and complication related to this. WHO defined contraceptive as “a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to promote the health and welfare of family groups and thus contribute effectively to the social development of a country In this study the majority (78.1%) of the post partal woman had ever heard about modern contraceptives. This is in line with the 2016 Ethiopian Demographic Health Survey report which reported that knowledge of contraception was nearly universal in Ethiopia

Most studies reveal that the exposure to reproductive health message broadcast through different channels is effective to build up their knowledge; attitude and practice of modern contraceptive methods are important (Tigist, 2006). In this study the level of knowledge of post partal woman on modern contraceptive methods, based on scored mean of knowledge questions, 78.7% of the respondents was scored above the mean, knowledgeable. Even though knowledge does not automatically lead to practice (Regmi, 1980), women who are knowledgeable about contraceptive use are more likely to use contraception (Hogan et al., 1999). Appropriate source of information is very important to build up their knowledge properly in this study 57% of the respondent modern contraceptive knowledge source is from health center . Similarly, in another study conducted on married woman in dambia majority of the respondents’ source of

knowledge of modern contraceptive was health center . Whereas in another study conducted on college students' knowledge source is from a magazine (Nibabe et al, 2013) this difference is probably due to a difference in their living arrangement and economic difference. According to (DOH, 2001) there are various factors that influence contraceptive knowledge, the socioeconomic status, residential area and educational status also in this study are factors of knowledge are similar.

In this study the age of respondents between 20-30 years were significantly associated with modern contraceptive knowledge and use. With regard to educational status, those with high school were more likely to use modern contraceptive methods than write and read. This is like the Demography and a health survey study conducted in Ethiopia in 2005, that educated women were more likely to use modern contraceptive than illiterate. In addition, a study done in Bardar in 2002, women educated up to high school level and above was 2 times more likely to use modern contraceptives as compared to illiterates. It is also similar to the study done in India, showed that the likelihood of modern contraceptive use was higher among educated women than illiterate. This may be related to the educated women have awareness about contraceptive.

Different scholars stated that attitude is better than that of knowledge affects practice directly (Lee, et al., 2006). Similarly in this study having knowledge about modern contraception have direct relationship with good attitude. In this study, 77.3% of the respondents have a favorable attitude toward modern contraceptive.

Those factors like residency, education and occupation affect the respondents attitude .similar to those seen with knowledge living in urban area being educated and having good income contribute to having good attitude toward modern contraception

The other important factor associated with knowledge of contraception are residency ,occupation and income those who live in urban area ,employed and earned more than 2000 are more likely to have knowledge about modern contraception .This is similar to the study conducted in northern shoe region among married woman .studies done in sub-Saharan Africa and post countries of south America also showed similar finding that low knowledge of contraception and low use of contraception in ruler area of the country compared to urban area

The most used contraceptive post natal mother on the modern contraceptive methods type knows 18.3%(43)natural method 22.6% (53) pills, 16.2% (38)implants, 17% (40) Injectable, 1.3%(3)condom,3.0%(7)IUD ,most of our respondents mansion husbands priority as the main reason for non use of contraception and 55.5 percent of respondents think religious father does not approve use of contraception this might be one of the reason for the discrepancy between knowledge attitude and practice empowering woman economically and helping them to have independence in their life may significantly improve contraception use among woman. The destruction of health center which is found in close proximity as mentioned by 70% of respondents have positive influence in practice of contraception but still there is a place for improvement .

7.Limitation of study

- Although the research has reached its aims because of the time limit the research was conducted only on small population therefore generalizing the result for larger group might be difficult
- The study is undertaken for post partum woman but our sample population is those woman who are admitted to post partum ward and the hospital stay on average is 3 days while post partum period is 6 weeks

8 Conclusion and Recommendation

- ⊙ As unawareness was the main reason for non-use of contraception, so it is of utmost importance to increase the knowledge of women regarding various contraceptive methods.
- ⊙ Utilization is directly associated with knowledge ,improving literacy rate especially female literacy may of great help in increasing the knowledge of modern contraception thus increasing utilization .
- ⊙ Fear of side effects of contraception is one significant reasons for low compliance. This can be decreased by proper selection of contraception before starting its use and adequate follow up of women using contraception by the family planning services
- ⊙ Besides this other barriers to contraceptive use non-cooperation by husband, needs to be addressed by strong motivation, education and proper counseling.
- ⊙ other factor that have been associated with knowledge of contraception was employment ,thus providing employment and educational opportunities for women are important to increase uptake of contraception
- ⊙ Income is the other factor that affect utilization of modern contraception so Improvement in family income or socio- economic status to the higher level has an important role in upgrading usage of modern contraceptive.
- ⊙ Community conversion and individuals counseling through home visit could help to address concerns and increase contraceptive utilization.
- ⊙ Since husbands priority was mentioned as main reason for nonuse among respondents addressing gender equality and empowering woman is important issue that have to addressed.

- ⊙ It is also seen that women who receive counseling during hospital stay for delivery are more likely to use contraceptives in postpartum period.
- ⊙ Thus, there is a need to observe more closely the role of family planning policies and health care providers in effectively generating motivation and knowledge among Ethiopian women to use contraceptives in postpartum period
- ⊙ Good communication with spouse and participation of both party in decision making concerning modern contraception greatly influence contraception utilization and should be encouraged
- ⊙ In conclusion Improving the regular use of contraception will help decreasing maternal morbidity and mortality and will be of help for the development of nation in a long way.

9. REFERENCE

1. NigeriaDemographicHealthSurvey.Family planning. National Population Commission, Federal RepublicofNigeriaAbuja,Nigeria,2009.
2. Laurie Barclay. CDC updates guidelines for postpartum contraceptive use. Medscape, 2011. Available at: <http://www.medscape.com/viewarticle/746177>.
3. World Health Organization. Report of a WHO technical consultation on birth spacing. In: WHO, eds. WHO Report. Geneva: WHO; 2006
4. Rutstein, SO. Effects of preceding birth intervals on neonatal, infant and under-five years mortality and nutritional status in developing countries: evidence from the demographic and health surveys. Int J Gynecol Obstet. 2008
5. Goel S, Bhatnagar I, Khan ME, Hazra A. Increasing postpartum contraception in rural Uttar Pradesh. J Family Welfare. 2010
6. World Health Organization. Report of WHO unmet need for contraception,2006
7. Hogan CH, Foreman KJ, Naghavi M, Ahn SY, Wang M, Lopez AD, Lozano R, Murray CJ: Maternal mortality for 181 countries, 1980–2008: a systematic analysis of progress towards Millennium Development Goal 5.Lancet 2010
8. Central Statistical Agency [Ethiopia], and ICF International: Ethiopia Demographic and Health Survey 2011. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ICF International; 2012.
9. Central Statistical Authority and ORC Macro: Ethiopia demographic and health survey 2005. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ORC Macro; 2005.
10. World Bank: World Development Indicators. Washington, DC: World Bank; 2009.
11. Darroch JE, Singh S, Nadeau J: In Brief (No.5) New York. In Contraception: an investment in lives, health and development. New York: Guttmacher Institute and UNFPA; 2008.
12. Cleland J, Bernstein S, Ezeh A, Faundes A, Glasier A, Innis J: Family planning: the unfinished agenda. Lancet 2006.
13. Federal Democratic Republic of Ethiopia Ministry of Health: NationalGuideline for Family Planning Services in Ethiopia. Addis Ababa: FederalDemocratic Republic of Ethiopia Ministry of Health; 2011.
14. Government of Ethiopia: The health policy of the Transitional Government of Ethiopia. Addis Ababa: Government of Ethiopia; 1993.

15. The Transitional Government of Ethiopia: The population policy of The Transitional Government of Ethiopia. Addis Ababa: the Transitional Government of Ethiopia; 1993
16. Federal Ministry of Health: Guidelines for FP services in Ethiopia. Addis Ababa: Federal Ministry of Health; 2000EC.
17. Antenane Korra : Attitudes toward Family Planning and Reasons for Nonuse among Women with Unmet Need for Family Planning in Ethiopia.2002ec
18. Dennis .O. Allagoa, **Tamunomie Kingsley Nyengidiki: Knowledge, Attitude And Practice Of Contraception Amongst Antenatal Patients At The University Of Port Harcourt Teaching Hospital, Port Harcourt 2011.
19. Institution for resource and development inc, demographic and health survey knowledge and use of contraceptive 2012.
20. Yigzaw Kebede, Contraceptive prevalence in Dembia District northwest Ethiopia, Gonder city Ethiopia 2003EC.

10. APPENDIX

QUESTIONNAIRE

Objectives,

A questionnaire prepared to assess the knowledge, attitude and practice of contraceptive use

Among post partal women who was admitted at St.Paul's Hospital Millennium Medical College postnatal ward

Participant # Date: _____

Part 1 (Socio-Demographic and baseline health information)

No	Question	Classification	Skip
101	Age	1. 15-20yr ☐ 2. 21-30yrs ☐ 3. 31-35yrs ☐ 4. 36-40yrs ☐ 5. Above40yrs ☐	
102	Religion	1. Orthodox ☐ 2. Muslim ☐ 3. Protestant ☐ 4. Others(specify)_____ -	
103	Marital status	1. Single ☐ 2. Married ☐ 3. Divorced ☐ 4. Widowed ☐ 5. Others (Specify)_____ -	
104	Education background	1. Can't read and write illiterate 2. Primary level ☐ 3. Secondary complete ☐ 4. Certificate ☐ 5. Diploma and above ☐ 6. Others (specify) ☐	

105	Residence	1) Urban 2) Rural	
106	Occupation	1) Government employed ☐ 2) Private ☐ 3) Self employed ☐ 4) Housewife ☐ 5) Others (Specify) _____	
107	What is your average monthly income? Eth. Birr	1) 500-1000 ☐ 2) 1100-2000 ☐ 3) 2000-3000 ☐ 4) more than 3000 ☐	

No	Questions	Responses	code
201	Have you ever heard of modern contraception?	1. Yes 2. No	
202	If yes for Q 401, from where/whom did you first get the information?	1. Health workers 2. Radio/Television 3. Newspaper 4. Poster 5. peers 6. Others /specify -----	
203	Which method of modern contraceptive do you know? /Can be more than answer/	1. Pills 2. Norplant 3. Injectable 4. Condom 5. IUD 6. Other /specify...../	
204	What is the main reason that a woman should use modern contraceptives?	1. Child spacing 2. To limit family size 3. Other /specify -----	
205	Does modern contraceptive help couples to become responsible parents?	1. Yes 2. No 3. I do not know	

QUESTIONS OF ATTITUDE AND SOCIO-CULTURAL FACTORS ON MC

No	Questions	Responses	code
301	How many children do you want to have?	Males..... Females..... Total	
302	Having too many children will help to improve the income of the family	Level of agreements 1. Agree 2. Not sure 3. Disagree	
303	Having too many children will guarantee generational continuity	Level of agreements (1-3)	
304	High infant/child mortality should be compensated by too much birth	Level of agreements (1-3)...	
305	It is a sin to practice modern contraceptive methods (not religiously allowed).	Level of agreements (1-3)...	
306	Modern contraceptive has side effects; it will be dangerous to a mother	Level of agreements (1-3)...	
307	Child spacing helps to protect the health problems of mothers and children	Level of agreements (1-3)...	
308	Family planning practice will cause a loss of confidence between couples	Level of agreements (1-3)	
309	Contraceptive use decreases sexual satisfaction between couples	Level of agreements (1-3)	

310	Contraceptive use causes infertility in women.	Level of agreements (1-3)	
311	Men should share the responsibility of family planning use	Level of agreements (1-3)	
312	Modern contraceptive helps a mother to regain her strength before her next baby	Level of agreements (1-3)	

PRACTICE AND OTHER RELATED QUESTIONS ON THE USE OF MC

No	Questions	Response	code
401	Are you currently using modern contraceptive method?	1. Yes 2. No 3. No response	
402	If yes for Q 601, what is the method you are using?	1. Pills 2. Norplant 3. Injectable 4. Condom 5. IUD 6. Other /specify..../	
403	Are you using the method you choose?	1. Yes 2. No 3. No response	For users
404	If no for Q 603, what was the major reason?	1. No method that I wanted 2. No one asked me to choose	user

		3. Husband disapproval 4. Other reasons (specify....)	
405	If no for Q 601, have you ever used modern contraceptive?	1. Yes 2. No 3. No response	
406	If yes for Q 605, what was the major reason to default?	1. Health reasons 2. Husband disapproval 3. Want to have child 4. Other reasons (specify.) 5. No response	
407	Do religious fathers approve modern contraceptive use?	1. Yes 2. No 3. I do not know	
408	In your opinion, what is the most important reason/s for a woman for not using modern contraceptive methods in your locality?	1. Husband dominance 2. For religious reason 3. Sex preference 4. Side effect of methods 5. Inaccessibility 6. Lack of method mix 7. Other, specify.....	
409	Whom do you think should make a decision to use family planning in the family?	1. Jointly 2. Husband 3. Wife	

		4. Parents 5. Other /specify...../	
410	Have ever discussed about modern contraceptive with your husband?	1. Yes 2. No	
411	How long did it take for you to go to the nearby health facility to get modern contraceptive service (on foot)?	1. Less than 30 minutes 2. From 31 - 59 minutes 3. one hr to one and half hrs 4. More than one and half hours	
412	What are the major weaknesses you have observed so far regarding service provision? /Can be more than one answer/	1. Lack of contraceptive supplies 2. Lack of method 3. Shortage of skilled man power 4. Poor client handling 5. Drugs are expensive 7. Others /specify / 8. No response	

