WOLKITE UNIVERSITY

COLLEGE OF SOCIAL SCIENCE AND HUMANITIES

DEPARTMENT OF GOVERNANCE AND DEVELOPMENT STUDIES

ASSESSEMENT ON PERCEPTION OF MARRIED WOMEN ON THE PRACTICE OF FAMILY PLANNING METHOD:

A CASE STUDY OF AMBO TOWN OF WEST SHOWA ZONE, OROMIA REGIONAL STATE.

A SENIOR ESSAY SUBMITTED TO DEPARTMENT OF GOVERNANCE AND DEVELOPMENT STUDIES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE BACHELOR OF DEGREE

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The research team has conducted a senior essay on “assessment on perception of married women on the practice of family planning method a case studies of Ambo town of west showa zone, Oromia regional state”. This work is completed with satisfactory evaluation of advisor and examiner as per the requirement of the university.

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List of acronyms

PRB	Population reference bureau
TFR	Total fertility rate
WHO	World health organization
NGO	Non-government organization
MDGs	Millennium development goals
UNs	united Nations
FP	Family planning
UNCEF	United nation children found
HIV	Human immune virus
STDs	Sexually transmitted disease
LAM	Lactation amenorrhea method
EDHS	Ethiopia democratic health survey

Abstract

The main objective of this study was to access the perception married women on the practice of family planning program. *Regarding the methodology, both qualitative and quantitative research approach were used. And also cross sectional study design was use to collect data at a single point in time. The sources of data applied in this study were both primary and secondary sources of data.* Primary data was collected using both questionnaire and interview. *The secondary data was using books and articles.* The sampling technique employed was simple random sampling. *The researchers' target populations were married women who are found in Ambo town and found at different age level from (15-48) years and above 48. The researchers selected 67 respondents from total population by using Kothari formula sampling techniques.* Descriptive statistics were used to understand the perception of married women on the practice of family planning program in the study area. In this study respondent who use family planning program replied that they are benefited from using family planning and as they replay their economic status is improved, because they can allocate more time for economic activity and their health condition is improved. The study finds that family planning program has considerable role in improving economic situation of women in Ambo town.

Key Words: *Family planning, perception and married women.*

CHAPTER ONE

INTRODUCTION

1.1. Back ground of the Study

High fertility rate is a major issue in many developing countries due to its long term effect on social and economic development. To prevent giving birth to unwanted child especially people who enter into relationship without aim of marring in future. Family planning helps a family advance and develops (WHO, 2018).

Population reference bureau (PRB) estimate the 2018 worldwide total fertility rate, or average births per women over their life time at 2.4; the global total fertility rate has been declining for the past few decades but remains high enough to generate continued population growth. The three countries with the highest TFR are Niger (7.2), Chad (6.4), and the democratic republic of Congo (6.3), while the lowest TFRs are in South Korea (1.1), Singapore (1.2), and Taiwan (1.2). Population Reference Bureau projects Africans population will more than double to 2.6 billion by 2050 and account for 58 percent of the population increase by that date (PRB annual report, 2018).

The Ethiopian government took measures to reduce the above mentioned problems. The government of Ethiopia had developed relevant policies and strategies to realize its commitment to the convention it pledged to validate. It launched the national health policy in September 1993 with special attention to family planning particularly women and children, thus in the fore front of the productivity those most neglected regions and segment of population are victims of man-made and natural disasters.

Ethiopian women police were launched September 1993 with emphasis among the right of women to easily access to basic health facility and information about traditional and modern family planning methods (population and development Ethiopia, 2007).

Family planning is the practice to prevent or avoid unwanted birth and control the spacing between child birth to help create a small and planned family. It is the best way to control the rapidly and massively growing population. So, family planning contributes to promote the health and welfare of the family and thus contribute effectively to the social development of a country. The health of

mothers is not only affected by nutrition status but also by early marriage, frequent pregnancies, early motherhood, abortion etc. Moreover, the health of a child is also affected by the mother‘s health status (WHO, 2015).

At present, family planning service which is free of cost is provided in both governmental and NGO health facilities in Ethiopia, including hospitals, clinics, health centers, and health stations (UN, 2011). But, Ethiopia is among countries with low contraceptive prevalence rate, with only29% (CSA, 2011). This resulted in high total fertility rate and unwanted pregnancy which intern affects the maternal and child health status (Hailemariam et al., 2006).

Considering the present lower utilization of contraceptives achieving the MDGs will be a major challenge for Ethiopia. Therefore, the identification of the possible factors that determine the practice of Family planning will have greater input to program managers for designing programs, proper implementation and evaluation of their contribution regarding family planning. Moreover Promotion of family planning in countries with high birth rates has the potential to reduce poverty and hunger and avert 32% of all maternal deaths and nearly 10% of child hood deaths (Cleland et al, 2006).It would also contribute substantially to women‘s empowerment ,achievement of universal primary schooling, and long-term environmental sustainability. Thus in addition to spacing and limiting the number of children it improves maternal and child health empowers women and enhances economic development (Ferdousi et al., 2010).

The goal of this paper was to improve the perception of married women on the practice of family planning methods. The available Evidence on current levels of unmet need for contraceptives, fertility preferences, and the non-Contraceptive benefits of family planning was review. According to (2010) revision of the UN’S world population prospect, the total population of Ethiopia was 82,950,000 in 2010, compared to 18,434000 in 1950. The population of children below age of 15 in 2010 was 41.5%, 55.2% was between 15 and 65 years of age, while 3.3% Was 65 years older. The total fertility rate which refers to the numbers of children a women is Likely to the number of children a women is likely to have or reproduce at the end of her Reproductive period is 4.8 children per women. The highest average number of children born an individual Ethiopia women was recorded in Oromia (6.2 birth per women), and the lowest in Addis Ababa (1.4 birth per women). Regarding to that the motivation were conduct this research was to promoting the perception of married women on the practice of family planning in ambo town.

1.2. Statement of the problem

The vastly growing population is an issue all around the world especially in developing countries like Ethiopia. Ethiopia is the second most populous nation in Africa with estimated population of 96.5 million and growth rate of 2.89 percent. More over Ethiopia is one among the six countries that contribute to about 50% of the maternal deaths (Hogan et al., 2008). Thus practicing family planning is a viable and cost effective solution for such growing population and decreasing this high maternal mortality (Black et al., 2003).

Additionally, the inclusion of FP in the Target of the Millennium Development Goal (MDG)in 2005 reflects the international consensus on its benefits, both for mother and child at individual level and for family income, national economy and environment at collective level (Bongaarts &Sinding 2009; Cates 2010; Potts et al.2013).

In Ethiopia, women have, on average, about five children. Even though most of the women in Ethiopia knew at least one family planning method but their practice level was not that much which could be as a result of various things like their religion, education, wealth, knowledge of family planning and so on (CSA and Macro, 2006). Researches agreed that socio economic, demographic and other proximate factors influence the uptake of family practice among women. Thus the main focus of this paper was to examine the perception of married women on the practice of Family planning methods in Ambo town to fill gaps of knowledge that missed by other researchers. There are different researches that were done around family planning throughout the country or in Ethiopia by different researchers. Selamawit, (2015) worked research on the determinants of family planning practices among women of reproductive age in Ethiopia. Debala, (2013) conducted research on the effect of family planning program on women's economic situation in Ambo town. But, this study was conducted on assessing the perception of married women on the practice of family planning method in case study of Ambo town. As a gap of knowledge, this kind of research is not conducted in Ambo town even if we could not get studies about the perception of married women on the practice of family planning methods in Ambo town. Thus we make our research on assessing the perception of married women on the practice of family planning methods.

1.3. Study Objectives

The general objective of the study was to assess the perception of married women on the practice of family planning. To this end, this study aimed at addressing the following specific objectives; -

- To examine the source of awareness creation on family planning among married women in

the study area.

- To determine the knowledge of family planning methods among married women in the study area.
- To explore the factors militating against married women's acceptance of family planning.

1.4. Research Question

This study was design in such a way to address the following basic research questions. These are:

1. What are the sources of awareness creation on family planning among married women in the study area?

2. What is the knowledge of family planning methods among married women in the study area?

3. What are the factors militating against the acceptance of family planning among married women in the study area?

1.5. Significance of the study

The main purpose of this study was promoting to the perception of married women on the practice of family planning methods in Ambo town. The findings may also help women to have enough knowledge about the practice of family planning and initiate them to make decision regarding various contraceptive methods available. It would be hoped that this study may contribute for the improvement of perception married women on the practice of family planning methods in Ambo town.

1.6 Limitation of the study

The data used here being secondary may have a number of limitations on the outcome of the study but the major limitation of this study was important variables such as fear of side effects, access to family planning service, quality of service delivered etc are not included in the analysis of this study because of missing values and non-responses.

1.7 Scope of the study

The scope of this study would be limited to at Ambo Town Including 01, 02 ,03, 04, 05 and 06 kebeles. Ambo is a special town and separate woreda in central Ethiopia. Located in the west shewa zone of Oromia region, west of Addis Ababa, this town has a latitude and longitude of 8◦59,N 37◦51,E/ 8.983◦N 37.850◦E and an elevation of 2101 meters. The aim of this researcher was

conducting the area were to assess the perception of married women on the practice of family planning methods in the study area.

1.8 Organization of the Study

This study is present in five chapters- chapter one deals with introduction consists of an introductory part of dealing with background of the study, a statement of the problem, its objectives, research question, significance of the study, limitation of the study, scope of the study and organization of the study. Chapter two is provided different review of relevant literature on perception of family planning program. Chapter Three describes the research methodology in brief and precise manner, it also presents the descriptive area, research design, research approach, source of data, sample technique and sample size, instrument of data collection, method of data analysis and ethical consideration. Chapter four is also included data analysis and presentation such as personal profile of the respondents, the source of awareness creation on family planning, the knowledge of family planning methods, perception of family planning, data analysis from interview, start of family planning, effectiveness and achievement of family planning for married women and major factors that hinder the use of family planning. Also chapter five included conclusion and recommendation.

CHAPTER TWO

2. LITERATURE REVIEW

2.1. Overview of Family Planning

Family planning has been cited as essential to the achievement of Millennium Development Goals (MDG) and is an important indicator for tracking progress on improving maternal health (Eliason et al., 2013 and Cates et al., 2010). Family planning is one of four pillars with antenatal care, safe delivery, and postnatal care that was introduced by the Safe Motherhood Initiative in 1987 to reduce maternal mortality in developing countries, where 99% of all maternal deaths Occur (Ahmed et al., 2012).

Contrary to popular belief, family planning does not coincide with abortion. The term family planning covers a wide range of services concerning women, children, and their families. Family planning services can include access to birth control, contraceptives, sexual education, And other health resources. Access to family planning services can provide much needed Reproductive resources such as birth control, contraceptives and prevention and treatment for STDS and HIV (Gold et al., 2009). Family planning clinics are also sources of knowledge for birth spacing and help make known the benefits of spacing births (Gold et al., 2009). Access to family planning resources has led to the reduction of infant and maternal mortality, as well (Gold et al., 2009). The goal of family planning is to reduce unwanted births, teen pregnancy, spread of STDs and HIV, and improve the overall health of mother, child, and, ultimately, the family unit. Family planning improves health, reduces poverty and empowers women (Bongaarts et al. 2012).

Voluntary high-quality family planning programs speed fertility declines, thus improving Health and boosting economies. Indeed, they are among the most cost-effective health and Development investments available to governments (Bongaarts et al., 2012).

The case for family Planning has been made, yet more than 200 million women in the developing world who want to avoid pregnancy are not using a modern contraceptive method. The reasons for this are many, Including lack of access to information and appropriate health services, traditional gender norms that impede women's ability to adopt contraception, real and perceived concerns about safety And side effects, and cost, among others. Underlying socio-behavioral issues, including risk Perception, ambivalence, and social costs, may also play a role in demand and use. Effective family planning program make the rapid spread voluntary modern family planning method possible in any country such program help people to achieve their personal reproductive goals. Family planning is identified by the world health organization (WHO) as one of the six essential health intervention needed to achieve safe mother hood and by united nation children found (UNCF) as one of seven strategies for child survival (John et al., 2010). Family planning has a direct impact on women's health and well-being as well as on the consequence of each pregnancy (WHO, 2011). In the developing countries millions of women in the reproductive age who don't use contraceptives prefer to postpone or limit their birth. This indicates their failure to take necessary decision to prevent and avoid unwanted pregnancy (Malwenna et al., 2012)

2.2.Situation of Family Planningin Ethiopia

Ethiopia like, most countries in sub- Sahara Africa, is experiencing rapid Population growth. Currently the country's Population is growing at a rate of 2.89 percent, one of the highest rate in the World and if continues unabated, the population will have doubled in the next 20 years, preventing any gain in the nation development effort (WPR, 2014). Ethiopia is one among the six countries that contribute to about 50% of the maternal deaths along with India, Nigeria, Pakistan, Afghanistan and the Democratic Republic of Congo (Hogan et al., 2008). The Ethiopia Demographic Health Surveys of 2000, 2005 and 2011 gave figures of 871,673 and 676 per 100,000 live births maternal mortality ratios respectively (CSA, 2000 CSA, 2005 and CSA, 2011). The modern family planning service in Ethiopia started in 1966 (EMOH, 2011_a) 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 (GOE, 1993 and TGOE, 1993), 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 oversee the strategies and actions related to the population

policy (EMOH, 2011_a).

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 (MOH, 1996). The ministry designed new outlets for family planning services in the form of community-based distribution, social marketing, and work-based services, in addition to the pre-existing facility-based and outreach family planning services. Work-based services are services made available to users at their place of work such as factories, prisons, and schools (EMOH, 2011_a). Moreover, in the last decade, integration and linkage between family planning services and HIV/AIDS care, along with maternal and other reproductive health services, have been emphasized in guidelines and strategic documents with the aim of enhancing family planning utilization (EMOH, 2011_a). Currently, the service has been provided to rural communities at the household level through the Health Extension Programmed. Moreover, in the current road map for accelerating the reduction of maternal and newborn morbidity and mortality in Ethiopia (2011–2015), family planning is identified as one of the strategic objectives. The following targets are identified related to family planning: to increase contraceptive prevalence rate to 66%, decrease unmet needs for family planning to 10%, and reduce adolescent pregnancy rate to 5% (EMOH,2011_b).

Though the overall contraceptive prevalence has been progressive with evidences of 2.6%, 8%, 14%, and 29% reported in 1990, 2000, 2005 and 2011 respectively (CSA, 2000 2005 and 2011 and Alkema et al.,2013).The practice of family planning differs significantly among regions, Urban and rural areas various studies identified different demographic variables to influence women FP practice in Ethiopia. These variables among others include age, number of leaving children and lack to exposure risk of pregnancy (Bandura, 2010).

2.3.Family Planning Methods

Advances in medical technology over the last 35 years have made it possible for all women to Plan their childbearing. There are various types of family planning methods based on the user‘s Interest.

2.3.1 Traditional Methods of Family Planning

Traditional methods such as withdrawal and calendar-based methods have little upfront cost and

Are readily available, but are much less effective in typical use than most other methods.

Abstinence

The most effective method of contraception is complete abstinence from heterosexual Intercourse. As a contraceptive technique, abstinence is ultimately 100 percent effective and Offers additional protection against sexually transmitted infections. Although couples using this family planning technique may engage in other forms of sexual contact, most find it challenging to abstain from intercourse entirely (Juniper, 2014).

Withdrawal Method

Also known as coitus interrupts or "pulling out," the withdrawal method is one of the worlds Oldest family planning techniques. According to MayoClinic.com, withdrawal prevents Conception by preventing sperm from entering the vagina. For withdrawal to work effectively, the man must fully withdraw his penis from his partner's vagina before he ejaculates. However, this method is not completely effective; sperm may leak if withdrawal is improperly timed. In some cases, viable sperm may also appear in pre-ejaculatory fluid, leading to an unplanned pregnancy (Juniper, 2014).

Rhythm Method

The rhythm method is also known as the calendar method; it works by predicting the days in Which a woman is most fertile. To use this technique, a woman must chart her menstrual history for several months in order to anticipate the dates in which she is ovulating. According to MayoClinic.com, women using this technique must abstain from unprotected sex on the days during which she is most fertile. The rhythm method can be somewhat effective, but it requires Careful record-keeping and diligent adherence to the technique (Juniper, 2014).

2.3.2 Modern Family Planning Method

Modern Family planning methods include oral contraceptives (the pill); hormonal injectable; Sub dermal implants; intrauterine devices (IUDs); male and female sterilization; and barrier methods such as male and female condoms, diaphragms, and spermicides. Other modern

methods include the Lactation Amenorrhea Method (LAM); fertility awareness methods such as methods that involve keeping track of when the fertile time of the menstrual cycle starts and ends (the Standard Days Method); and symptoms-based methods, which depend on observing signs of fertility like cervical secretions and basal body temperature (Johns, 2007).

Birth Control Pills

The birth control pill is a type of oral contraceptive that women must take every day. This Method is best for women who can remember to take a pill every day and who want the Advantage of restoring fertility quickly. According to the website Fertility Friend, 54 percent of Women were fertile in their first cycles after discontinuing the pill, though it took up to nine Months for full fertility to return. However, this method has risks and not all women can tolerate The hormones (WHO, 2014)

Barrier Methods

Barrier methods include male and female condoms, cervical caps and diaphragms. These Methods prevent sperm from uniting with an egg. According to the website WomensHealth.gov, Barrier methods must be in place before penetration, which can inhibit spontaneity. However, Male condoms allow men to share responsibility for birth control and also prevent disease. Barrier methods have no side effects or long-term effects on fertility (WHO, 2014).

Long-Term Methods

When people do not want to worry about contraception on a regular basis, but may want the Ability to conceive in the future, several long-term contraceptive methods can prevent pregnancy. Some of these methods include the contraceptive shot, vaginal ring, implantable rod and intrauterine device, also called an IUD. All of these methods are hormonal and are not easily reversible, but fertility returns after discontinuation (WHO, 2014].

2.4.Benefits of Family Planning for Women:

Family planning has several benefits, some of which are specific to the health of mothers and

Their children. Others include socioeconomic benefits; for example, women are able to advance Their education and careers by delaying or limiting childbearing and this can bring better Economic prospects to their household (Smith et al., 2009).

Smith et al., (2009) and Bongaarts et al. (2012) pointed out the potential benefits of family planning, among other, as economic development, improvement in maternal and child health, educational advances and women's empowerment as well as to solve environment related problems like deforestation. In addition, increased contraceptive use can significantly reduce the costs of achieving selected Millennium Development Goals (MDGs) and directly contribute to reductions in maternal and child mortality. A woman's ability to choose if and when to become pregnant has a direct impact on her health as Well as her well-being. Family planning allows spacing of pregnancies and can delay pregnancies In young women at increased risk of health problems and death from early childbearing, and can Prevent pregnancies among older women who also face increased risks. Family planning enables Women who wish to limit the size of their families to do so. Evidence suggests that women who Have more than four children are at increased risk of maternal mortality. By reducing rates of unintended pregnancies, family planning also reduces the need for unsafe abortion (WHO, 2013). Family planning also enables birth spacing, ultimately reducing child mortality while enhancing the nutritional status of both mother and child. Consequently this could contribute to significantly empowering women, achieving universal education for all, and achieving long term Environmental sustainability (Cleland et al., 2011)

CHAPTER THREE

3. RESEARCH METHODOLOGY

3.1. Descriptive areas

The researchers would be conduct the study in oromia region west shewa zone in ambo town the reason were that there is high birth rate and maternal death rate currently due to unplanned family planning. So, it is important to get detail information about the issue of family planning Based on this condition the researchers would have to select ambo town as the study area. Ambo town which is located in oromia region west shewa zone about 94 km far from the center of Addis Ababa in ambo town the economic activity were trade and agriculture. Trade and Agriculture is the main economic activity of the town. it has latitude of 8.59'N and longitude of 37.85' With an elevation of 2101 m above sea level According to 2007 national survey the total populations of Ambo town was estimated of 48,171, of whom 24,634 were men and 23,537 were women from those 65.18% of the population were Ethiopian Orthodox Christianity, and 27.45% of the population was Protestant belief. In Ambo Oromiffa was spoken as a first language by 90.92%, and 8.37% spoke Amharic; the remaining 0.81% spoke all other languages (CNC,2007).

Fig.3.1 Ambo town geographical map.

3.2 Research design

This study primarily aimed at assessing the perception of married women on the practices of family planning in case of Ambo town. To this end, the study were be employed a cross –sectional, mainly in order to capture data from many respondents at one point in time in the study area would be given the quantitative nature of required data and qualitative data. Besides, in order to analyze the perception of married women on the practices of family planning.

3.3. Research Approach

The approach would be used in this study is mixed research approach, which is a procedure for collecting, analyzing and "mixing" both quantitative and qualitative data at some stage of the research process within a single study, to understand a research problem more completely. The rationale for mixing were that neither quantitative nor qualitative methods are sufficient by themselves to capture the trends and details of the situation, such as assessing the perception of married women on the practices of family planning and factors that affect the current practice of family planning method. When used in combination, quantitative and qualitative methods complement (i.e., seeking elaboration, illustration, enhancement, and clarification of the results from one method with results from the other method) each other.

The strategy would be used in this study were concurrent triangulation strategy. In this strategy there are two data collection methods. Equal priority is were given to both quantitative and qualitative data collection approach. Data would be integrated during analysis and interpretation phase. The major reason for using this strategy was for confirmation, corroboration or cross-validation of both quantitative and qualitative data within a single study.

3.4. Sources of Data

The study would be employed both primary and secondary sources of data. The researchers would be obtained primary data from individual respondents of married women's, in Ambo town health center leaders, family planning service providers, Ambo town health center professional and official of health offices. Secondary data from pamphlets, office manuals, circulars and policy papers would be used to provide additional information where appropriate. Besides, variety of books, published documents, websites, reports and newsletters would be reviewed.

3.5 Sample Technique and sample size

The researchers was used the probability and non-probability sampling Technique. Under non probability sampling the researchers were select 02 kebele from the six kebeles and official participates from the health offices based on purposive sampling the reason for selecting 02 the kebele, due to difficulties to considering all 6 kebeles to collect necessary data from the whole population. and in probability sampling, the researchers would be used 67 respondents as sample size from a total of 4300 from the 02 kebeles., the sample individual picked by using systematic random sampling, because this method of data collection is simple and avoids the probability of making personal bias. To obtain relevant information for the perception of married women on the practice of family planning. Accordingly, researchers used 67 individuals as sample size based on the following formula, which is developed by Kothari in 2004.

Where, n = Sample size

$$n = \frac{Z^2 p\, q\, N}{E^2 (N-1) + Z^2 pq}$$

Z = level of confidence

N = Total population

E = sample error

P = Probability of success

q = probability of failure

The total population (4300) with 10% level of significance and based on the above formula the sample size is:

$$n = \frac{Z^2 p\, q\, N}{E^2 (N-1) + Z^2 pq}$$

n= (1.64)2(0.5) (0.5) (4300)

(0.1)2(4300)-1+ (1.64)2(0.5) (0.5) ====67

3.6. Instrument of Data collection

3.6.1. Questionnaire

The questionnaires would be distributing to 67 respondents selected from 02 kebele. To get reliable information, the researchers was prepared open and closed ended question in Oromiffa. The open and closed ended questionnaire focuses on the perception of married women on practice of family planning. Both open and closed questionnaire because open ended questionnaires are useful for understands personal opinion and close ended question because close ended question is inexpensive and easy to analyze

3.6.2. Key Informant Interview

The researchers to gather detail information from respondents regarding to the perception of married women on practice of Family planning. The researchers were conduct Key informants from the Ambo town health center professional or expert's official of town health office for interview.

3.7. Method of data analysis.

The researchers was used both quantitative and qualitative method of data analysis in this study of assessing the perception of married women on the practice of family planning in ambo town., A qualitative data was obtain from the officials of the health offices through interviews in the form of theoretical or statement form. Whereas, a quantitative data was obtained from the questionnaires that were distribute for the respondents. And then to analyze the collected data, the researchers were employed quantitative data in the form of categories, frequencies and percentage form.

3.8. Ethical consideration.

Ethical consideration is one of the most important points in the research. This ethical generally be defined as a method, procedure deciding how to a lot in order to analyzed complex problem and issues many different discipline have norms for the behavior aim and goal. Ethical principle that the researchers include Honesty on the research and subject source of data which the researcher get information were honest in the collection and reporting data or information. Expectancy for intellectual property if include honor for patent and be respected and the other one which the researcher consider in this research is confidentially protection of individuality who are not open to the public, the actual name of anticipations in the study keep secret. Those are who include research during data collection.

4. CHAPTER FOUR

4. DATA ANALYSIS AND PRESENTATION

4.1 Introduction

In this chapter, the data collected through different data collection methods and tools are discussed and analyzed carefully in view of revealing the to assess the perception of married women on the practice of family planning method in the study area. The data were collected via questionnaire in the sampled municipality of Ambo town. The questionnaires consisted of 20 questions for respondents. As the researchers indicated in the methodology in the preceding chapter, the questionnaires were prepared for 67 respondents who have been resident for the past two years and above. The data gathered through key informant interview was used to triangulate and complement the results of data collected through questionnaires and document reviews. In this study the Key informants were Ambo town health center leaders, family planning service providers and Ambo town health center professional. The data presentation is done in such a way that the response to questions and data are grouped according to the respective research questions. And, below is a detailed presentation of the responses and results.

4.2 Personal profile of the respondents

This section contains personal profile of the respondents such as sex, age, educational status and marital status of the respondents.

Table 4.1: the personal profile of the respondents

Variables	**Categories**	**Frequencies**	**Percentages**
Sex	Male	0	0
	Females	67	100
	Total	**67**	**100%**
Age	15-25	20	29.8
	26-36	33	49.25
	37-47	11	16.41

	Above 48	3	4.47
	Total	**67**	**100%**
Educational status	Can't write and read	5	7.46
	Traditional education	15	22.38
	Lower primary (1-4)	5	7.46
	Upper primary (5-8)	4	5.97
	Secondary (9-10)	6	8.95
	Preparatory (11-12)	4	5.97
	Technical and vocational education(TVET)	8	11.94
	Diploma	5	7.46
	Degree	15	22.38
	Total	**67**	**100%**
Marital status	Single	23	34.32
	Married	29	43.28
	Divorced	8	11.94
	Widowed	7	10.44
	Separated	0	0
	Total	**67**	**100%**

Source: our survey may, 2019

As indicate from table 4.1 (above), all of the respondents who participated in giving responses for the researchers were female, means the respondents used for questionnaires were all female. This implies the researchers used female respondents in the questionnaires in order to conducting the study.

The majority 33(49.25%) of the respondents were between the ages of 26-36, 20(29.8%) of the respondents were between the age of 15-25, 11(16.41%) of the respondents were between the ages of 37-47 and 3(4.47%) of the respondents were above 48.

According to table 4.1 (above), the majority 15(22.38%) and 15(22.38%) of the respondents were degree and traditional education respectively, 8(11.94%) of the respondents were Technical and vocational education, 6(8.95%) of the respondents were secondary (9-10), 5(7.46%), 5(7.46%) and 5(7.46%) of the respondents were can not write and read, lower primary (1-4) and diploma respectively. Also 4(5.97%), 4(5.97%) of the respondents were upper primary (5-8) and preparatory (11-12) respectively.

The other is marital status of the respondents, the majority 29(43.28%) of the respondents were married, 23(34.32%) of the respondents were single, 8(11.94%) of the respondents were divorced, 7(10.44%) of the respondents were widowed and no there is separated respondents. According to the key informant interview, modern family planning service in Ethiopia is pioneered by family guidance association of Ethiopia, FGAE that was established in 1966. FGAE's only family planning services were provided from a single-room clinic run by one nurse. FGAE's program activities and services are gradually spread all over the country with a network of 8 branches, 18 clinics, 26 youth centers, 740 community-based reproductive health service outlets, 242 outreach sites, 6 market place and 8 work place sites. The ministry of health also provided family planning services in health facilities. Since 1980, the ministry further expanded its family planning services with clinic country support programs by UNFPA and other stakeholders.

4.3 The sources of awareness creation on family planning

This section contains the source of awareness creation on family planning such as are you aware of family planning and what are the sources of awareness creation of family planning.

Table 4.2: The source of awareness creation of family planning.

Variables	**categories**	**frequencies**	**Percentage**
Are you aware of family planning?	Yes	60	89.55
	No	7	10.44

	Total	**67**	**100%**
What are the sources of awareness creation of family planning?	Radio	5	7.46
	Television	8	11.94
	News paper	8	11.94
	Friends	18	26.86
	Books	2	2.98
	Health worker	21	31.34
	Other specify	5	7,46
	Total	**67**	**100%**

Source: our survey may, 2019

As indicate from the table 4.2 (above), the respondents were participated in giving responses for researchers on the source of awareness creation on family planning. The majority 60(89.55%) of the respondents were aware on family planning and 7(10.44%) of the respondents were have no the awareness of family planning method. Also as indicate table 2, the majority 21(31.34%) of the respondents were health worker, 18(26.86%) of the respondents were Friends, 8(11.94%), 8(11.94%) of the respondents were television and newspaper respectively, 5(7.46%), 5(7.46%) of the respondents were radio and other sources respectively. The last one is 2(2.98%) of the respondents were Books. Similar to that researcher collected data by interview from Ambo town health center professional about the main source transmission information about family planning, as the response of the interviewer, the main source of transmission information about family planning are mass media and health center. According to the key informant interview, the users of family planning on this program are, policy makers, health managers, family planning program coordinators and managers at all levels, all cadres of health care providers and instructors at health

training institutions, family planning researchers, teachers, doctors and etc are the people who practice or participate family planning program.

4.4 The knowledge of family planning methods

This section contains the knowledge of family planning methods such as do you practice family planning, when you practice family planning which methods do you use currently, how many years do you use the family planning method and what are the factors militating against the acceptance of family planning among married women in Ambo town.

Table 4.3: The knowledge of family planning methods

Variables	**Categories**	**Frequencies**	**Percentage**
Do you practice Family Planning?	Yes	56	83.58
	No	11	16.41
	Total	**67**	**100%**
When you practice family planning which methods do you use currently?	Use of pills	28	41.79
	Use of condoms	12	17.91
	Use of injections	16	23.88
	Use of withdrawal methods	0	0
	Female sterilization	3	4.47
	Other	8	11.94
	Total	**67**	**100%**
How many years do you use the family planning method?	Less than one year	15	22.38
	One to three year	15	22.38

	Three to six year	16	23.88
	Above six year	21	31.34
	Total	**67**	**100%**
What are the factors militating against the acceptance of family planning among married women in Ambo town?	Fears about side effects of modern family planning	11	16.41
	Religious belief/creed	9	13.43
	Husbands attitude to family planning	7	10.44
	Ignorance about the benefits of modern family planning	19	28.35
	Cost of pills	6	8.95
	Other	15	22.38
	Total	**67**	**100%**

Source: our survey may, 2019

As indicate from table 4.3 (above), all respondents were participated in giving responses on the knowledge of family planning methods. The majority 56(83.58%) of the respondents were practice family planning and 11(16.41%) of the respondents were have no practice family planning methods. The other indicate table 3 above, is which methods respondents are use family planning currently, The majority 28(41.79%) of the respondents were use pills, 16(23.88%) of the respondents were use injections, 12(17.91%) of the respondents were use condom, 8(11.94%) of the respondents were use other methods, 3(4.47%) of the respondents were use sterilization and no respondents were use withdrawal methods. Also as indicate table 4.3 above, respondents were participated in giving responses on the amount years which respondents use family planning

method, The majority 21(31.34%) of the respondents were above six year, 16(23.88%) of the respondents were three to six year, 15(22.38%), 15(22.38%) of the respondents were less than one year and one to three year respectively. For the questionnaire of the factors militating against the acceptance of family planning among married women's in Ambo town 19(28.35%) respondents responses were ignorance about the benefits of modern family planning, 11(16.41%) fears about side effects of modern family planning, 9(13.43%) respondents responses as religious belief/creed, 7(10.44%) husbands attitude to family planning, 6(8.95%) cost of pills and 15(22.38%) respondents responses were other problems. According to the key informant interview, almost of married women are achieve and effective by family planning program, means pregnancy and childbirth poses a risk to the life of the women. Repeated pregnancies and childbirth restrict women from education, employment and productivity resulting in poor status of women from in the community with the resultant poor living standard. Family planning helps women to pursue their education for a better employment opportunities and payment. Family planning program, promoting the health of married women and families and part of a strategy to reduce the high maternal, infant and child mortality.

4.5 Perception of Family planning

This questionnaire contains perception of women's towards on family planning methods such as family planning are only for adult married women, family planning are expensive, adolescents who use family planning are bad, family planning use leads to infertility, the process of acquiring family planning is often embarrassing, I approve use of family planning, family planning are effective in reducing unwanted birth, advertisement and information about family planning use is immoral, family planning has significant side effects and religion prohibits the use of family planning.

Table 4.4. The perception towards Family planning methods

Variables	**Categories**	**Frequencies**	**Percentage**
Family planning are only for adult married women.	Strongly Agree	10	14.92
	Agree	9	13.41

	Undecided	9	13.43
	Disagree	29	43.28
	Strongly disagree	10	14.92
	Total	**67**	**100%**
Family planning are expensive.	Strongly Agree	18	26.86
	Agree	13	19.4
	Undecided	12	17.91
	Disagree	14	20.89
	Strongly disagree	10	14.92
	Total	**67**	**100%**
Adolescents who use family planning are bad.	Strongly Agree	3	4.47
	Agree	10	14.92
	Undecided	4	5.97
	Disagree	32	47.76
	Strongly disagree	18	26.86
	Total	**67**	**100%**
Family planning use leads to infertility.	Strongly agree	1	1.49
	Agree	8	11.94
	Undecided	14	20.89
	Disagree	32	47.76
	Strongly disagree	12	17.91
	Total	**67**	**100%**
The process of acquiring family planning is often embarrassing.	Strongly agree	1	1.49

	Agree	0	0
	Undecided	5	7.46
	Disagree	29	43.28
	Strongly disagree	32	47.76
	Total	**67**	**100%**
I approve use of family planning.	Strongly agree	31	46.26
	Agree	27	40.29
	Undecided	2	2.98
	Disagree	4	5.49
	Strongly disagree	3	4.47
	Total	**67**	**100%**
Family planning are effective in reducing unwanted birth.	Strongly agree	12	17.91
	Agree	36	53.73
	Undecided	9	13.43
	Disagree	10	14.92
	Strongly disagree	0	0
	Total	**67**	**100%**
Advertisement and information about family planning use is immoral.	Strongly agree	1	1.49
	Agree	12	17.91
	Undecided	3	4.47
	Disagree	24	35.82
	Strongly disagree	27	40.29
	Total	**67**	**100%**

Family planning has significant side effects.	Strongly agree	10	14.92
	Agree	12	17.91
	Undecided	13	19.4
	Disagree	22	32.83
	Strongly disagree	10	14,92
	Total	**67**	**100%**
Religion prohibits the use of family planning.	Strongly agree	5	7.46
	Agree	7	10.44
	Undecided	5	7.46
	Disagree	36	53.73
	Strongly disagree	14	20.89
	Total	**67**	**100%**

Source: our survey may, 2019

As indicate from table 4.4 (above), all respondents who participated for response responded for each questionnaires. Accordingly 10(14.92%) of respondents strongly agree family planning only for adult married women, 9(13.41%) of respondents were agree, 9(13.41%) of respondents were undecided, 29(43.28%) of the respondents were disagree and 10(14.92%) of the respondents were strongly disagree about family planning is only for adult married women.

Secondly, regarding with expensiveness of family planning, 18(26.86%) of respondents were strongly agree that family planning are expensive, 13(19.4%) of respondents were agree, 12(17.91%) of respondents were undecided, 14(20.89%) of the respondents were disagree and 10(14.92%) of the respondents were strongly disagree with family planning are expensive.

Thirdly, the respondents also responded to how they are agree or disagree with adolescents who use family planning are bad. As the table show that 10(14.92%) of respondents were agree, 3(4.47%) of respondents were strongly agree, 4(5.97%) of the respondents were undecided,

32(47.76%) of the respondents were disagree and 18(26.86%) 0f the respondents were strongly disagree with adolescents who use family planning are bad.

Fourthly, the table show that the attitude of the respondents with the family planning use leads to Infertility or how the agree or disagree with the idea that support family planning leads to infertility. Accordingly, 1(1.49%) of the respondents were strongly agree, 8(11.94%) of the respondents were agree, 14(20.89%) of the respondents were undecided, 32(47.76%) of the respondents were disagree and 12(17.91) of the respondents were strongly disagree with that of family planning use leads to infertility.

Fifthly, the table also indicates the response of the respondents how they agree or not agree with the process of acquiring family planning is often embarrassing. Among the respondents 1(1.49%) of the respondents were strongly agree, 5(7.46%) of the respondents were undecided, 29(43.28%) of the respondent were disagree, 32(47.76%) of the respondents were strongly disagree and 0(0%) of the respondents were agree with that the process of acquiring family planning is often embarrassing.

Also as indicate table 4.4 (above), respondents were responded on, I approve use of family planning. Accordingly that, 31(46.26%) of the respondents were strongly agree, 27(40.29%) of the respondents were agree, 2(2.98%) of the respondents were undecided, 4(5.49%) of the respondents were disagree and 3(4.47%) of the respondents were strongly disagree.

The other questionnaire which respondents were participated is, on the family planning are effective in reducing unwanted birth, accordingly, 12(17.91%) of the respondents were strongly agree, 36(53.73%) of the respondents were agree, 9(13.43%) of the respondents were undecided, 10(14.92%) of the respondents were disagree and 0(0%) of the respondents were strongly disagree.

Similarly, the table indicate the response of respondents on, Advertisement and information about family planning use is immoral, as the response of the respondents the majority 27(40.29%) of the respondents were strongly disagree, 24(35.82%) of the respondents were disagree, 12(17.91%) of the respondents were agree, 3(4.47%) of the respondents were undecided and 1(1.49%) of the respondents were strongly agree.

The ninthly, table indicate about the response of respondents on the questionnaire of family planning has significant side effects, according to the response of the respondents 10(14.92%) were strongly agree, 12(17.91%) of the respondents were agree, 13(19.4%) of the respondents were undecided, 22(32.83%) of the respondents were disagree and 10(14.92%) of the respondents were strongly disagree.

The last one that table 4.4 above indicate is, the questionnaire and response of the respondents on the Religion prohibits the use of family planning, on this idea the response of the respondents were 5(7.46%) are strongly agree, 7(10.44%) of the respondents were agree, 5(7.46%) of the respondents were undecided, 36(53.73%) of the respondents were disagree and 14(20.89%) of the respondents were strongly disagree with this idea. According to the key informant interview, Obstacles of family planning usage include; long distance to health facility, unavailability of preferred contraceptive methods, absenteeism of family planning providers, high cost of managing side effects, desire for big family size, children dying less than five years old and husbands forbidding are the major factors that hinder the use of family planning method.

CHAPTER FIVE

5. SUMMARY, CONCLUTION AND RECOMMENDATION

5.1 SUMMARY

Family planning is the practice to prevent or avoid unwanted birth and control the spacing between child birth to help create a small and planned family. Family planning contributes to promote the health and welfare of the family and thus contribute effectively to the social development of a country. At present, family planning service which is free of cost is provided in both governmental and NGO health facilities in Ethiopia, including hospitals, clinics, health centers, and health stations. The highest average number of children born an individual Ethiopia women was recorded in Oromia (6.2 birth per women), and the lowest in Addis Ababa (1.4 birth per women). In Ethiopia, women have, on average, about five children. Even though most of the women in Ethiopia knew at least one family planning method but their practice level was not that much which could be as a result of various things like their religion, education, wealth, knowledge of family planning. Family planning has been cited as essential to the achievement of Millennium Development Goals (MDG) and is an important indicator for tracking progress on improving maternal health. Family planning has several benefits, some of which are specific to the health of mothers and their children. Modern family planning service in Ethiopia is pioneered by family guidance association of Ethiopia, FGAE that was established in 1966. FGAE's only family planning services were provided from a single-room clinic run by one nurse. Obstacles of family planning usage include; long distance to health facility, unavailability of preferred contraceptive methods, absenteeism of family planning providers, high cost of managing side effects, desire for big family size, children dying less than five years old and husbands forbidding are the major factors that hinder the use of family planning method.

5.2 CONCLUSION

Thedescriptiveresultsshowthatmorethan80% of the respondents (women) in the study practice family planning methods. The findings of this study identified that region, place of residence, age of a woman, religion of a woman, educational level of women, economic status, knowledge about Family Planning method, occupation of women, marital status, ability to refuse sex, exposure to mass media and number of living children of women were significant predictors for women‘s family planning practice. Even though women have information about Family Planning methods they do not practice it due to religion, economic status, place of residence and so on. Uneducated women were less likely to practice Family Planning than educated women while women in urban areas were more likely to practice Family Planning than their rural counterparts. With regard to the type majority of women fall under tertiary level. In this indicated that the majority of women's get information of residence, majority of women live in their own house, with regard to the education level the about family planning from TV/Radio which is followed by health institution. Women's schooling can expand the use of family planning, as schooling increases her awareness about family planning increase. The main reasons that hinder the expansion of family planning program are lack of knowledge, lack of enough health institution and service providers. The society's attitudes toward contraceptive methods use and choice are also diversified.

5.3. RECOMENDATION

In order to maximize the expansion and use of family planning some recommendations are given below. Family planning use shows a direct relationship with income of women. The use of family planning is associated with use of education level. Therefore to expand family planning;

- Married women in Ambo town should be encouraged to get higher level of education, which may result in expansion of the use of family planning.
- Family planning providers of Ambo town should create awareness about the benefit of the family planning; change the attitude of women toward family planning. They are also required to increase the use of condoms to protect additional birth and therefore HIV/AIDS.
- Social services providers which are widely accepted by the society in Ambo town should give information about the service of family planning method.
- Mayor of Ambo town should encourage the expansion of NGO's, which are involving family planning services.
- Family planning providers in Ambo town should take into account the role of husbands for the expansion and effectiveness of the service.
- The study confirms the relevance of information, education and communication, the spread of new information, attitude, and behavior among the society could bring rapid rise in contraceptive use.
- Since women exposed to Family Planning information in any way were more likely to practice Family Planning the government and non-government organization of Ambo town should enhance information and communication activities regarding family planning services using mass media, family planning workers and health centers.
- Since there are variations in women's family planning practice based on residence the mayor of Ambo town should give more emphasis to improve the Family Planning service delivery in rural areas.

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Appendix: A

WOLKITE UNIVERSITY
College of Social Science and Humanities
Department of Governance and Development Studies

Questionnaire fills by married women who are practicing of Family planning method.

Dear respondent;

Our name is Sagni Lelisa, Mesifin Tamena and Adna Sisay. we are doing a research to fulfill of the Bachelor Degree Program in Wolkite University. The topic of our research is "Assessment on perception of married women on the practice of Family planning method". For this study, Ambo town is the focus area of our study. This questionnaire is, thus, designs to obtain information from married women about your perception, opinions, experience, and particular knowledge regarding on the practice of Family planning method. The information that you will be provided is highly essential for successful completion of the study. Please answer all items objectively. The researchers assure you that the information provides will be kept confidential and will be used only for an academic purpose. Hence, we would like to thank you in advance for giving us your valuable time.

- Direction
    - No need to write your name
    - Kindly request you to answer by making a **(x)**make or in writing where ever appropriate

PART—ONE: - Personal Profile of the Respondents

1. Sex _____
2. Age A. 15-25 B. 26-36 C. 37-47 D. 48 and Above
3. Educational Status _____
A. Can't read and write
B. Traditional education
C. Lower Primary (1-4)
D. Upper primary (5-8)
E. Secondary (9-10)
F. Preparatory (11-12)
G. Technical and Vocational Educational (TVET)
H. Diploma
I. Degree
4. Marital Status _____
A. Single **C**. Divorced **E**. Separated

B. Married **D**. Widowed

PART-Two: - The sources of awareness creation on family planning

5. Are you aware of Family planning?
A. Yes B. No

6. If your answer is **yes** for question No 5, what are the sources of Awareness creation of Family Planning?
A. Radio D. Friends/Relatives G. Other Specify it_____
B. Television E. Books
C. News Paper F. Health Workers

PART-Three: - The knowledge of family planning methods

7. Do you practice Family Planning?
A. Yes B. No

8. If your answer is yes for question No 7, which methods do you use currently?
A. Use of pills D. Use of withdrawal methods
B. Use of condoms E. Female Sterilization
C. Use of injections F. Other specify _____

9. How many years do you use the family planning method?
A. less than one year B.one to three years C. three to six years D. above six years

10. Please read the following statements & rate how much you personally agree or disagree with these statements by ticking in appropriate columns. On the following statements, I am going to ask you about your perception towards family planning. You are required to Strongly Agree **(SA),** Agree **(A),** Undecided **(UD),** and Disagree **(DA)** Or Strongly Disagree **(SD)** for each of these statements.

No.	Perception	SA	A	N	D	SD
1	Family Planning are only for adult married women	1	2	3	4	5
2	Family Planning are expensive	1	2	3	4	5
3	Adolescents who use family Planning are bad	1	2	3	4	5
---4	Family Planning use leads to infertility	1	2	3	4	5
5	The process of acquiring family Planning is often embarrassing	1	2	3	4	5
6	I approve use of family Planning	1	2	3	4	5
7	Family Planning are effective in reducing unwanted birth	1	2	3	4	5
8	Advertisement and information about family Planning use is immoral	1	2	3	4	5

9	Family Planning has significant side effects	1	2	3	4	5
10	Religion prohibits the use of family Planning	1	2	3	4	5

11. What are the factors militating against the acceptance of family planning among married women in Ambo town?

A. Fears about side effects of modern family planning
B. Religious belief/Creed
C. Husbands attitude to family planning
D. Ignorance about the benefits of modern family planning
E. Cost of pills
F. Other specify it_____

Thank you for your participation!!!!!

Appendix B: Key Informant Interview (KII)

Interview questions for Family Planning service provider and Ambo town health center leaders & Professional.

Date of interview ----------

Time interview started ---------- Time interview ended----------

General information

- Tick where appropriate:- Ambo town health center leaders [ ]
  Family Planning service provider [ ]
  Ambo town health center Professional [ ]

Questions

1. When was the family planning Program started?
2. How many people participate in this program?
3. Do you think that the program is effective & achieve the expected result on married women?
4. What are the main sources of transmission of information about family planning?
5. Do you think that married women got appropriate knowledge about family planning?
6. What are the major factors that hinder the use of family planning?

Thank you for your participation!!!!!

YUNIVERSIITII WALQIXXEE

KOLLEEJJII SAAYINSII HAWAASAAFI NAMUMMAA

MUUMMEE BARNOOTA BULCHIINSAAFI QO'ANNOO MISOOMAA

Gaaffiin kun kan guutamu dubartoota maatii qabaniifi karoora maatiitti gargaaramaniini

- **Kabajamtoota hirmaattota keenya**:

Nuti maqaan keenyi Sagni Lelisa, Mesfin Tamena fi Adina Sisay kan jedhamnu yunivarsiitii Walqixxeerraa digirii jalqabaa keenya guutuuf qorannoo (research) gaggeessaa jirra. Mata dureen qorannoo keenyaa hubii haadholiin karoora maatiitti fayyadamuu iraatti qaban qo'achuu ta'a. Qorannoo keenya kanaaf bakki nuti filanne magaalaa Ambooti. Gaaffiin kun waa'ee hubii, ilaalcha, muuxannoo, beekumsa haadholiin karoora maatii irratti qaban ilaalchisee haadholii irraa odeeffannoo funaanuuf qophaa'e. Odeeffannoon isin nuuf kennitan milkaa'insa qorannoo keenyaaf baay'ee murteesaadha. Kanaaf gaaffii isiniif dhiyeessine xiyyeeffannaadhaan akka nuuf deebistan isin gaafanna.

Qajeelfama:

- ***Maqaa keessan barreessuu hin barbaachisu***
- ***Bakka barbaachisutti mallattoo(x) yookiin barreeffamaan akka deebistan kabajaan isin gaafanna.***

KUTAA 1FFAA: ODEEFFANNOO WAA'EE DHUUNFAA KEESSANII

1.saala: _____

2.Umrii: A.15-25 ☐ *B. 26-36* ☐ *C. 37-47* ☐ *D. 48fi isaa ol* ☐

3. Sadarkaa barnootaa:

A. Barreessuufi dubbisuu kan hin dandeenye ☐ *E. sadarkaa lammaffaa (9-10)* ☐

B. Barnoota ga'eessotaa ☐ *F. Qophaa'ina (11-12)* ☐

C. Sadarkaa tokkoffaa marsaa tokkoffaa(1-4) ☐ *G. kolleejii ogummaaf teeknikaa* ☐

D.Sadarkaa tokkoffaa marsaa lammaffa(5-8) ☐ *H.Dippiloomaa* ☐ *I. Digirii* ☐

4. Sirna gaa'ilaa: A.kan maatii hin hundeessine ☐ *B. kan maatii hundeessan* ☐

C.kan maatiin walhiikan ☐

D. Kan abbaan manaa jalaa boqotan ☐

KUTAA LAMMAFFAA: MADDA KAROORA MAATIIF HUBII UUMUU

5. waa'ee karooara maatii hubii qabduu?

A. Eeyyee ☐ *B. Lakki* ☐

6.Yoo deebiin keessan gaaffii 5ffaa 'Eeyyee' ta'e hubii karoora maatiitti fayyadamuu eenyutu isiniif kenna?

A. Raadiyoo ☐ *B. Hiriyyoota* ☐ *C. Televizhinii* ☐

D. Gaazexaa ☐ *E. 0geessota fayyaa* ☐ *F. Qaama biraa* ☐

KUTAA SADAFFAA: HUBII KAROORA MAATII

7. Karoora maatii fayyadamtuu?

A. Eeyyee ☐ *B. Lakki* ☐

8. Gaaffii 7ffaaf yoo deebiin keessaan' Eeyyee' ta'e amma tooftaa akkamiitti gargaaramtu?

A. Kiniinii ☐ *D. Ulfa baasuu* ☐

B. Kondomii ☐ *E. Dubaroota maseensuu* ☐

C. Lilmoo ☐ *F. Kan biroo* ☐

9. karoora maatiitti erga fayyadamuu eegaltanii waggaa meeqa?

A. Waggaa tokkoo gadi ☐

B. Waggaa tokkoo hanga sadii ☐

C. Waggaa sadii hanga jaha ☐

D. wagga jaha ol ☐

10. Kanneen armaan gadii dubbisuudhaan hanga itti walii galtaniifi walii hin galle agarsiisuuf bakka barbaachisutti mallattoo kaa'uudhaan mul'isaa. Armaan gaditti kan isin gaafannu waa'ee hubii karoora maatiirratti qabdaniiti. Yoo baay'ee itti walii galtan mallattoo (BW), yoo itti walii

galtan mallattoo (W), Yoo hubannoosaa hin qabaanne (HH) Yoo itti walii hin galtan ta'e (WH)fi yoo gonkumaa itti walii hin galtan ta'e (GWH) jalatti guutuudhaan agarsiisaa.

Lak.	*HUBANNOO*	*BW*	*W*	*HH*	*WH*	*GWH*
1	*Karoorri maatii haadholii ga'eessota qofaaf barbaachisa*					
2	*Karoorri maatii qaalawaadha*					
3	*Dargaggootni karoora maatii fayyadamuun aadmaleedha*					
4	*Karoorri maatii dhala godhachuu dadhabuuf nama saaxila*					
5	*Adeemsi karora maatiitti fayyadamuu qaaniidha*					
6	*Karoora maatiitti gargaaramuu nan deeggara*					
7	*Karoorri maatii dhala hin barbaachifne gahumsaan ittisa*					
8	*Beeksisaafi odeeffannoo waa'ee karoora maatii fayyadamuun aadmaleedha*					
9	*Karoorri maatii miidhaa qaba*					
10	*Amantiin karoora maatiitti fayyadamuu ni eeyyama*					

11. Haadholiin magaala Amboo karoora maatii fudhatanii akka itti hin gargaaramneef wantoonni daangessan maalidha?

A.Miidhaa karoora maatii ammayyaa sodaachuu ☐

B. Amantii ☐

C. Ilaalcha abbaan manaa karoora maatii irratti qabu ☐

D. Bu'aa karoorri maatii ammayyaa qabu fudhachuu dhabuu ☐

E. Gatii kiniinii ☐

F. kan biraa ☐

AF-GAAFFII (INTERVIEW PART)

GAAAFFIIN AFAANII KUN DHIYEESSITOOTA TAJAAJILA KAROORA MAATII, HOGGANTOOTA BUUFATA FAYYAAFI OGEESSOTA FAYYAA MAGAALA AMBOOF DHIYAATA.

Guyyaa……

Yeroo itti af-gaaffiin eegale……yeroo itti af-gaaffiin xumurame……..

ODEEFFANNOO WALII GALAA:-

Bakka barbaachisutti mallattoo kenni.

- *Hoggantoota fayyaa magaala Amboo* ☐
- *Dhiyeessitoota karoora maatii* ☐
- *Ogeessota fayyaa magaala Amboo* ☐

GAAFFIWWAN:-

1. *Sagantaan karoora maatii yoom eegalame?*
2. *Namoota hangamiitu sagantaa kanarratti hirmaata?*
3. *Sagantaan karoora maatii gahaafi bu'aa eegame haadholiif buuseera jettanii yaadduu?*
4. *Mala maaliin odeeffannoo waa'ee karoora maatii haadholiif dabarsitu?*
5. *Haadholiin waa'ee karoora maatii hubannoo barbaachisaa ta'e qabu jettanii yaadduu?*
6. *Sababii gurguddaan karoora maatii fayyadamuutti danqaa ta'an maal fa'i?*

HIRMAANNAA KEESSANIIF GALATOOMAA!