



**ASSESSMENT ON KNOWLEDGE,TTITUDE AND
PRACTICE TOWARDS CONTRACEPTIVE USAGE AMONG
WOMEN AT REPRODUCTIVE AGE GROUP OF ETEYA TOWN,
ARSI ZONE, SOUTH EAST OF ETHIOPIA**

**MSW Dissertation Research Project
(MSWP-001)**

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SCHOOL OF SOCIAL WORK**

**MAY, 2015
ADDIS ABAB**

DECLARATION

I hereby declare that the dissertation entitled '' Knowledge, Attitude and Practice Towards Contraceptive Usage among Women at Reproductive Age Group of Eteya Town, Arsi Zone, South East of Ethiopia'' submitted me for the partial fulfilment of the MSW to Indira Gandhi National Open University,(IGNOU) New Delhi is my own original work and has not been submitted earlier, either to IGNOU or to any other institutional for the fulfilment of manuscript in whole or in part lifted and incorporated in this report from any earlier work done by me or others.

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This is to certify that Mr. Temesgen Ensermu student of MSW from, Indira Gandhi National Open University,(IGNOU) New Delhi was working Under my supervision and guidance for his project work for the course MSWP-001. His project work entitled '' Assessment on Knowledge, Attitude and Practice Towards Contraceptive Usage among Women at Reproductive Age Group of Eteya Town, Arsi Zone, South East of Ethiopia'' which he is submitting his genuine and original work.

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Acknowledgment

I would be happy to thank my advisor Mr Mosisa Kejela, for his encouraging and generous support. He is the one who gave me the thesis to pursue this work that seems impossible at the start. The thesis has gained constructive comments from his intellect. I owe a great debt to Ms Dadaftu Hamasa , the Hetosa wereda health office leader and other health workers at Eteya health center who have contributed to this work in different ways and for their encouragement in a very difficult time, and for their beliefs in my right to intellectual activities. Last but not least I am very grateful to those women who shared me their real life experience in related to this work.

ACRONYMS

- ❖ **AIDS**- Acquired Immune Deficiency Syndrome
- ❖ **EPHA**-Ethiopian Public Health Association
- ❖ **FGAE**-Family Guidance Association of Ethiopia.
- ❖ **FP**-Family Planning.
- ❖ **HIV**- Human Immune Deficiency Virus.
- ❖ **IGNOU**- Indira Gandhi National Open University
- ❖ **IUCDS**- Intrauterine Contraceptive Devices.
- ❖ **MOH**- Ministry of Health.
- ❖ **SRS**- Systematic random sampling technique
- ❖ **STDs**-Sexually Transmitted Diseases.
- ❖ **STI**- Sexually Transmitted Infection
- ❖ **RAG**-Reproductive Age Group
- ❖ **WHO**-World Health Organization.

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Abstract

Introduction- Unplanned pregnancies complicate maternal health and child health through many ways. On the other hand, unplanned pregnancy is one of the major reasons, which exposes women for unsafe abortion. Family planning is a means of promoting the health of women and families and part of strategies to reduce the high maternal, infant and child mortality. It has been used in different countries of the world and the number of users is increasing rapidly from time to time. The access is spreading among the young generation than long years ago. Knowing the prevalence and associated factors of Family planning was help to design and deliver different intervention.

Methodology- Quantitative community based cross sectional study was employed. The data was collected by face-to-face interview using structured questionnaires. The sample size for this study was 75 selected from the study population.

Result – A total of 75 women of reproductive age group (15-49) were participated in the study accounting for a response rate of 97.33%. Majority 27 (36%) of the respondents were in the age range of 20-24 years and 36(48%) of the respondents were Muslims by religion. In case of ethnicity Oromo covers 39(53.33%) of the respondents. As to monthly income, occupation, and educational status of the respondents, about 25(33.34%) got 301-400 birr, by income, 26(34.67%) were house wife by occupation and most 21(28%) of the respondent can read and write. In case of marital status 21(54.66%) of the respondents were married

Conclusion - According to this study most 18(26.69%) of the respondent having knowledge about modern contraceptive method, mentioned pills and 15(22.05%), 9(13.24%), of them mentioned injectable and IUCDs respectively. This finding is same what similar with a survey of KAP conducted among lower, middle and upper class women in Gondar women 1999, in which 44% of the study subjects mentioned pills, followed by tuba ligation.

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CHAPTER ONE

1 Introduction

1.1 Background of the study

Family planning is a means of promoting the health of women and families and part of strategies to reduce the high maternal, infant and child mortality. It is also an important means of strategies to lower maternal death by spacing or preventing pregnancy especially on high-risk mothers (Bohmer L., 1995, P-10).

Almost everywhere in the world, there is interrelation between population rate and socio-economic condition of the country. Poverty and illness that causes unhappiness is the most important consequences of rapid population growth, which will interfere inadequacy of public services.(Friedman, Herbert, L. 1993, pp. 22-23)

The major concern of family planning today is the reproductive health problem of the adolescent age group. One third of the population is between 10 and 24 years of age and four out of five of these young people live in developing countries. This period is the line when dynamic change, emotional, social development and adjustment take place. Any interference other than the expected normal will have an implicit effect on the normal physiological development of individual with potential hazards of leading to social mal-adjustment. (Friedman, Herbert, L. 1993, pp. 22-23)

Reducing the number of unplanned pregnancy promotes reproductive health mainly by reducing; the number of time women is exposed to the risk of pregnancy and child bearing in adverse circumstances. Unplanned pregnancies complicates maternal health and child health through many ways, because most of these categories, less than 18 or very old greater than 35, short pregnancy intervals which are highly associated with risk for infant mortality.(4Ethiop. J. Health Dev. 2009;23(2))

Alike other developing countries, Ethiopia is facing a population crises. This is more evident when we look at the estimation on the annual population growth rate of 3.6% in 2011, similarly, the total fertility rate for each women is on average 6.6, moreover, it was also estimated that 48.5% of the total population.(Tekaba Ayalew and btal:. Ethiopian medical journal of health 1995 vol. 14 no pp. 41-46)

These demographic situations imply a high fecundity potential and big burden of chief dependency for the present and future generation of the country. So the family planning

methods usage service coverage in Oromia regional state is now a days getting attention than before. This is with the support of the government policy and other international organization.

1.2 STATEMENT OF THE PROBLEM

Globally, 38% of all pregnancies were unplanned and 22% of those are abortion (5). World fertility survey conducted in Egypt and Morocco respectively from 1950 and 1979 to 1995. The result show that from the late 1970 to the mid 1990 fertility declined to 44% in Morocco and 28% in Egypt reflecting a drop in both the level and space of child bearing. The cumulative proportion of women progressing to each successive parity fall by at least 25% at a third and fourth birth in Egypt, the pattern is more mixed in Morocco, with declines fluctuating between 11% and 27% starting at the transition between a second and a third birth. Moreover, the median length of time between births increased over a period, especially in the interval between births at parties 1-3 in Egypt (increases from 3.0-3.6 month). Among the factor, contributing to these fertility declines was a rise over the period in the simulated mean age at marriage (by five years in morocco and by one year in Egypt. (Tekaba Ayalew and btal.: Ethiopian medical journal of health 1995 vol. 14 no pp. 41-46.). On the other hand, unplanned pregnancy is of the major reason, which exposes women for unsafe abortion in most of developing countries. For example, worldwide estimate of 40-60 million women resort abortion to end unwanted pregnancies. These abortions are unsafe; the procedure carries a high risk of injury and death accounting 125,000 to 2,000,000 female deaths annually (Yohannes Tolosa: 2004.).

Studies in a number of countries have shown that wherever fertility is high maternal, infant and child mortality rates are high. Fetal deaths, low weight at birth and related problems are also associated with unregulated fertility. More specifically, high maternal, infant and child mortality rates are associated with such reproductive practices as short birth intervals, pregnancies in women under the age of 20 and above the age of 35 and so on. (Samuel G.Shiferaw, Mandeferew Gebrehiwot.T 1996. Pp.25)

In developing countries outside of sub-Saharan Africa from 1/10th to 1/3th of all recent birth reported are unplanned and similar figure were reported to be mistrusted. (Abdella. A 1996.East African medical journal 73(10):p-64-66).

Unwanted pregnancies and child birth are still leading cause of death. Disease and disability is common among women in reproductive age in developing countries. Over 300

million women in developing countries suffer from short term and long-term illness brought by pregnancy and child birth (Samuel G.Shiferaw, Mandeferew Gebrehiwot.T 1996. Pp.27.).

The percentage of unwanted pregnancies among African women were 65% in Swaziland 56% in Comoros ,53% in South Africa ,45% in Kenya, 35% in Ethiopia and lowest in Nigeria which is 10%. (A qualitative elicitation study Psychology,Health & Medicine November 2010.)

This indicates that in Ethiopia also there is high rate of unwanted pregnancy which can affect directly or indirectly the life of individual as well as community.

In sub-Saharan Africa, each year 265,000 mothers die in childbirth and 4.5 million children die before age of five from preventable causes. Ethiopia is one the country in which large number of children dies due to different factors like malnutrition, diarrheal diseases, and other infection. (Yohannes Tolosa: 2004, p-32)

In developing countries mainly Africa and Ethiopia in particular, many women's are influenced by socio-economic circumstances which hinders them force not using modern contraception or which may force them to use less reliable methods.

In Ethiopia, social and cultural norms dictate that women bear children only within the context of marriage. The recent national fertility and family survey and subsequent studies have indicated that social economic factors and values have an impact on fertility. (Tekaba Ayalew, Ethiopian medical journal of health 1995 vol. 14 no pp. 41-46)

As the problem identified, failure of family planning clinic to motivate the forget groups and recommended high prevalence of unplanned pregnancies while using contraceptive methods indicates to improve the women knowledge about how to use the methods .

In Ethiopia, the situation is not different than developing countries; women suffer from problem of related pregnancies and child bearing. Maternal mortality rate from pregnancy and pregnancy related condition was still as high as or more than 10/1000 pregnancies (Yohannes Tolosa: 2008 , p-34).

As it is the main part of Ethiopia with largest population and wide surface area, Oromia state is the top contributing regional state of the related maternal problems.

A study conducted on unmet need and demand for family planning in Addis Ababa, showed unmet need for contraceptives was 21.6%. Annual population growth rate is high whereas family planning prevalence rate is as low as 9.1% (A qualitative elicitation study Psychology, Health & Medicine November 2010).

High maternal, infant and child mortality rates are associated with such reproductive practices as short birth intervals, pregnancies in women under the age of 20 and above the age of 35 and so on. (Ethiopia. J. Health Dev. 2009;23(2)).

Therefore, this is the main reason that made to assess KAP towards contraceptive utilization among mothers of reproductive age group in Eteya town Hetosa woreda, Oromia National Regional State, South East of Ethiopia.

1.3 Objective of the study

General objective

- ❖ To assess knowledge, attitude and practice towards contraceptive usage among women of reproductive age group in Eteya town, Arsi zone, Oromia National Regional State, South East of Ethiopia.

Specific objectives

- ❖ To assess knowledge of contraceptive utilization of women at reproductive age group in a study area.
- ❖ To assess attitude towards contraceptive utilization of women at reproductive age group in a study area.
- ❖ To assess practice of contraceptive utilization of women at reproductive age group in a study area.
- ❖ To assess the association of socio-demographic characteristics with KAP of women's of reproductive age group in this study area.

1.4 Research Questions

The research questions for this study will be:

1. Are women in the study area at reproductive age groups known the benefits and types of modern contraceptive?
2. Are women in the study area at reproductive age groups believed in importance of modern contraceptive?

3. Are women in the study are at reproductive age groups use modern contraceptives?
4. Are there a relationship between KAP of family planning method and religious groups?

1.5 Significance of the study

Ethiopian women suffer from the effect of early pregnancy, too frequent and too many pregnancies. Contraceptive prevalence rate of Ethiopia is about 10-15% compared to 71% of developed countries. Annual population growth rate is high were as family planning prevalence rate is as low as 9.1%. Ethiopia is one of the developing countries in which total fertility rate and maternal mortality rate is high. Unplanned pregnancy is one the cause for such increased total fertility rate and maternal mortality rate, So this study may enable to address the extent of KAP toward family planning utilization and to determine the effectiveness of health activities in the study area. Additionally it provides information that can be used as source of information for the next researchers and for all concerned bodies like Woreda Health Bureau and Rural Health Extension Workers.

1.6 Limitation of the Study

- ✓ The factors expected to hinder the modern family planning usage may not be exhaustive. There could be other influencing factors which this study did not reveal.
- ✓ Generalization is limited by the fact that the study was conducted in a small locality.
- ✓ Husbands may interfere the decision making power of the women. This can limit the family planning method usage of women.

1.7 Operational Definition of the study

Knowledge is determined by considering the first knowledge question as a base.

- ❖ Knowledgeable- if they attain or know about contraceptive (yes answer for question number one which is base for the second and third questions.) otherwise not knowledgeable.
- ❖ Positive attitude-women's having greater than or equal to 16 scores for an attitude question.
- ❖ Negative attitude –women's having less than 16 score for an attitude question.
- ❖ Good practice – women's answering 'yes' for questions number one and three of the practice questions.

- ❖ Poor practice – women’s answering ‘**no**’ for questions number one and three of the practice question.
- ❖ Wereda- district or is the smaller unit of administration with geographical, political and social character that composed of more two kebeles.
- ❖ Kebele – is the smallest unit of administration with geographical, political and social character.

CHAPTER TWO

2. Literature review

2.1 Global situation of Family planning

In more developed country, the recent study examines recent levels and trends of contraception practice throughout the world. It is estimated that 57% of couples with the wife of reproductive age were currently using some form of contraception on average. Therefore, in more developed region the average level of use at the most recent measurement was 72% and in less developed region is 53%. The level of current use or contraceptive prevalence varies greatly among the less developed region from an estimated 18% of couples using contraception in Africa and only 12% in sub Saharan Africa, to 79% in eastern Asia. For all individual developing countries, in Asia, the level of use is 58%, the same as in Latin America and Caribbean

As the study done on family planning among mothers of Mexico shows the use of family planning among women's of reproductive age group, was high, overall 47% of women use family planning method. Among current users majority rely on IUCDs, pills and injectable are most widely used 8% and 6% respectively.

Study done in Brazil peasant association shows that 59.6% of women were with planned pregnancy, literacy status of women was statistically, significantly associated with type of pregnancy that is planned or unplanned , and also 80% of mothers use injectable followed by pills(76%).(Samuel G.Shiferaw, Mandefereu Gebrehiwot.T 1996. Pp.27)

The finding in Nigeria shows that knowledge of mothers of reproductive age group on modern contraceptive is high , 22% of women even using family planning and 13% of them are not using, 43% do not know any family planning method and 22% were afraid of side effects and did not know where to obtain.(Friedman, Herbert, L. 1993, pp. 22-23).

A study done in developing countries over one million who are married have unmet need for spacing or limiting births. Other suggested countries were large number of women have unmet need are Pakistan at 7.5 million, Brazil at 3 million, Mexico at 3.1 million and Philippines at 2.5 million. Among the most common reason for unmet need are unsatisfactory service, lack of information, fear of side and opposition from husband, relative or others.

2.2 Ethiopia situation of Family planning

A survey conducted in Ethiopia showed that 30% of all pregnancies were unplanned. This indicates an enormous unmet need for family planning will be about 800,000 unwanted pregnancies every year (Ethiop. J. Health Dev. 2009;23(2))

A study done on family planning practice and related factors of married women in Ethiopia, show that almost 67% of women were currently using at least on family planning method and most common obtained family planning method from the public health sectors. Short-term methods such as pills and injections were most commonly used. Family planning practice was significantly associated with willingness to use long-term permanent family planning method in future and spousal discussion about family planning method.

Among those who have discontinued contraceptive usage women, the reason for discontinuation of contraceptive use were, 55% of women were to have children and 34.7% of women reported discontinuation due to fear of side effects and the rest 10.3%, have the discontinued using contraceptive by social, family influence. (Federal democratic republic of Ethiopia ministry of health 2007 report, page 29.)

A survey conducted by MSIE on KAP of family planning method from January-February 2009 in five regions :- Oromia, Amhara, Tigray, southern people nation, afar and two city administrative areas of Addis Ababa and Dire dawa on 1200 female of reproductive age group show that 51% of the respondent use modern family planning method like IUCDs, implants, male; female sterilization were mentioned by only 3% of respondents, and unmet need for family planning is 25%, (17% for spacing, 8% for limiting). (Belay T. 1999., Ethiopian journal of health science 9(1) pp1-8.)

A cross-sectional survey was conducted in Addis Ababa February. 1-5, 2005, a total of 361 study subjects were interviewed making the coverage of study 99.7%, 183(50.7%) were married, 186(51.5%) illiterate and 352(97.5) were got less 100 birr per month, 266(73.54%) had good knowledge about modern contraception and 279(77.3) had favourable attitude towards modern contraception. (Samuel g.shiferaw mand gebrehiwot.t 1996. Pp.32)

2.3 Situation of Family planning at Oromia Regional state

A study conducted on unmet need and demand for family planning in Other part of Oromia, East shoa zone, showed unmet need for contraceptive ever 21.6%.(2) different reasons were given by mothers for the occurrence of unplanned pregnancies, among these reasons failure of contraceptive usage was highest, followed by husband preferences, missed times and lack of means to protect respectively. (Samuel G.Shiferaw, Mandeferew Gebrehiwot.T Pp.28)

Another important study done in the Bokoji community of Oromia regional state on desired number of children and number of children obtained show that 63.1% of the respondents already gave birth to more than the number of children they need. (Yohannes Tolosa: 2004 , p-34,42,)

A survey of KAP was conducted among lower, middle and upper class women in Gondar women in 2006 show that the women were typically their late 20, house wife, Christian and literate, 65% know about modern contraceptive method, 44% mentioned pills, 18% mentioned tubal ligation and 16.2% knows IUCDs, rhythms, abstinence and condoms were mentioned by 9.1%, 7.5%, and 4.3% women's respectively. The prevalence of use of modern contraceptive method was 17.2%, socioeconomic variables were major determinates of contraceptive knowledge and practice. Government workers had a high frequency of knowledge and practice, majority of non-users were Muslims. (National population policy of Ethiopia, population distribution Addis Ababa 1999 vol.33; pp. =16.)

2.4 Situation of Family planning at, Hetosa District level

A study done on the role of men in family planning in a rural Community of western Arsi Zone, Ethiopia showed that only 16.4% of women and reported current use of contraceptive method. More than half, 51.2% of women who reported current use of contraceptive methods were using injectable and 32.4% of them were using oral contraceptive pills. (Yohannes Tolosa: 2004, p-34, 43),

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Study area

This study was conducted at Eteya Town, Hetosa Woreda, Arsi Zone, Oromia National Regional State, South East of Ethiopia. Eteya town is a capital of Hetosa woreda that is one of the 24 administrative woreda's under Arsi zone, Oromia National Regional State. The town is found at 40 km distance from Adama City the largest city in Oromia and 130 km distance from Addis Ababa the capital city of the country in south east par of Ethiopia.

The total population of the town is 2142; of this figure 1095 are females. Women at reproductive age group from 15-49 years are 211. Out of the total population, 1047 males according to the population projection based on 2007/08 population cense. The town is sub-divided in to two administrative kebeles and has one Health Centre, two private clinics and two drug venders.

3.2 Study design

The paradigm of this study was quantitative and it utilised a descriptive, cross-sectional survey design. It was referred to as such because it was centred on numerical data, dedicated to describing a particular phenomenon and data was collected during a single, relatively brief time period. By using the cross-sectional design, this study gives a snapshot impression of the Knowledge, Attitude and Practice towards contraceptive usage among women of reproductive age group in Eteya Town.

3.2.1 Source population

Women of reproductive age group (15-49) that included 211 women in Eteya health centre who are coming for the health care seek.

3.2.2 Study population

Women of reproductive age group will be selected from 211 source population by systematic random sampling technique.

3.2.3 Sample size and sampling technique

3.2.4 Sample size

Sample size was pre determined and selected 75 women for the study which is equivalent to 35.5%.

3.2.5 Sample technique

Women at reproductive age group were selected from the source population by systematic random sampling technique. The sample frame is the total reproductive age group in the waiting area and sample unit is selected by lottery method from among women's in a reproductive age group at their seat.

3.3 Variables

3.3.1 Independent variables

- ❖ Age
- ❖ Religion
- ❖ Ethnicity
- ❖ Educational status
- ❖ Occupation
- ❖ Marital status
- ❖ Income

3.3.2 Dependent variables

- ❖ Knowledge
- ❖ Attitude
- ❖ Practice

3.4 Data collection: tools and Procedures

3.4.1 Data collection Tools

The majority of the data collection was done using face-to-face interview by taking randomly seat in waiting area. In addition to the face-to-face interview data collection method the in-depth interview, an observation method was used as data collection method. The interview was conducted in the Eteya health center (waiting area or consultation unit) for clients and in office for those who work in the health facility. I used to observe the registration book of clients that contain their profile whether the participant was physically present or not. This helped me to obtain further profile of the client. I also used to focus group discussion among participants and staff. There was family folder for each family in the wereda with respect to kebeles. I also used this family folder to grasp long term presenting profile.

3.4.2 Data Collection Procedure

Two data collection facilitators who are Diploma nursing students in stream were recruited from non-graduating classes and one supervisor, Diploma in Nursing was recruited.

Data was collected through face-to-face interview questionnaire using pre-tested structured questionnaire by trained facilitators.

3.4.3. Quality control measures

The quality of the data was assured using pre-tested questionnaires prior to the actual data collection .Data collectors were trained for half day intensively on the study instruments and data collection procedure that includes the relevance of the study, objective of the study, about confidentiality of the information, informed consent. The filled questionnaires were checked at the end of data collection every day for completeness to solve if there was any problem as early as possible and to take corrective measures accordingly.

3.4.3 Data processing and Analysis

Data was entered into SPSS computer program and analysis would be done using descriptive statistics. Prior to analysis, data cleaning, checking for completeness was done and data was entered in to computer to be analyzed, and tables, figures and statements, were used to present the findings. Specifically Percentage, cross tabulation, binary logistic regression and chi-square test (correlation analysis) techniques were used to analyze those computed data. The cross tabulation and Percentage was used to describe (descriptive statistics), prevalence and associated factors of Family planning usage. This means the data was seriously transcribed, assessed and thematized accordingly and finally, it was precisely explained in the finding section.

3.5 Ethical consideration

The supportive letter from St. Mary's University, IGNOU Programmes Coordination Office was obtained after approval of the proposal to get cooperation and assistance from the leaders of the institutions and other concerned bodies. Informed consent was obtained from each individual before interviewing.

CHAPTER FOUR

MAJOR FINDINGS AND DISCUSSION

4.1 Socio-demographic characteristics

A total of 75 women of reproductive age group (15-49) were participated in the study accounting for a response rate of 97.33%. Majority 27 (36%) of the respondents were in the age range of 20-24 years and 36(48%) of the respondents were Muslims by religion. In case of ethnicity Oromo covers 39(53.33%) of the respondents. As to monthly income, occupation, and educational status of the respondents, about 25(33.34%) got 301-400 birr, by income, 26(34.67%) were house wife by occupation and most 21(28%) of the respondent can read and write. In case of marital status 21(54.66%) of the respondents were married. (Table-1)

Table-1: Distribution of women of reproductive age group (15-49) by their socio-demographic characteristics in Eteya Town, Arsi Zone, Oromia National Regional Sate ,South East of Ethiopia. (n=75)

Variables		N ^o	%
Age	15-19	11	14.66
	20-24	27	36
	25-29	19	25.34
	30-34	10	13.33
	>=35	8	10.67
Religion	Muslims	36	48
	Orthodox	20	26.67
	Protestant	19	25.33
Ethnicity	Oromo	39	53.33
	Amhara	16	21.34
	Gurhage	5	6.66

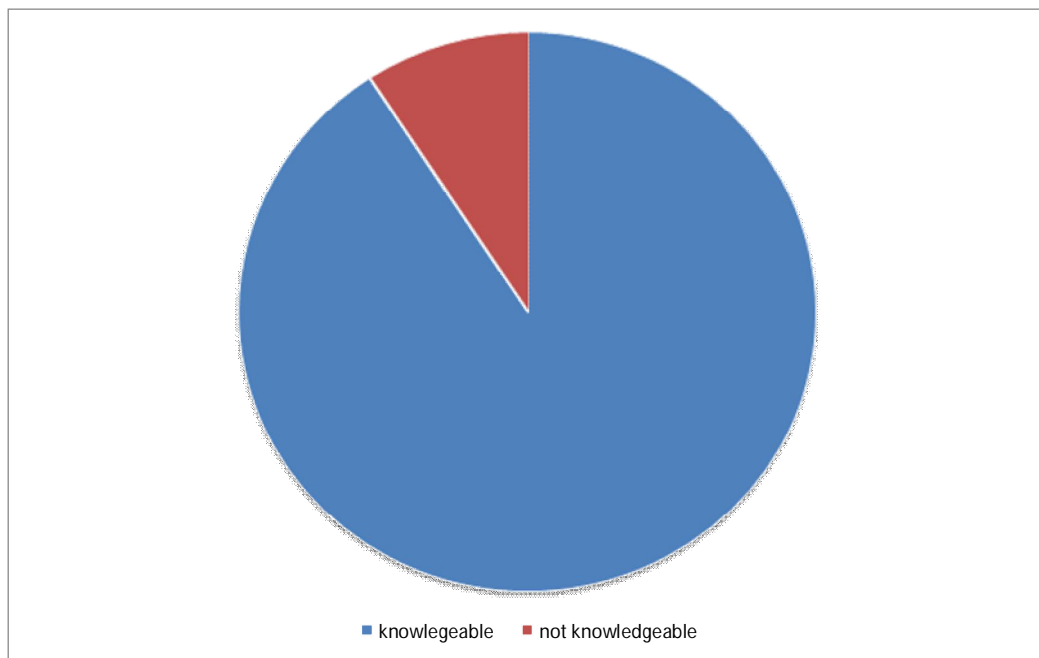
	Tigre	7	9.33
	Others	8	10.67
Monthly income	<100	7	9.34
	101-200	13	17.33
	201-300	16	21.34
	301-400	25	33.33
	>=400	14	18.66
Occupation	House wife	26	34.67
	Student	7	9.33
	Government employee	16	21.33
	Merchant	14	18.67
	Daily laborer	9	12
	Others	3	4
Educational status	Illiterate	9	12
	Read and write	21	28
	Grade 1-6	16	21.34
	Grade 7-8	14	18.66
	Grade 9-12	8	10.67
	Above 12 ⁺	7	9.33
Marital status	Single	21	28
	Married	41	54.66
	Widowed	3	4
	Divorced	10	13.34

Source; Own survey, 2015

4.2 KNOWLEDGE

Among a total respondents 68 (90.67%) of them knew about modern contraceptive methods and the rest 7(9.33%) of them did not know. (See Figure-1)

Figure 1- Knowledge about modern contraceptive among reproductive age group (15-49) in Eteya town ,Arsi Zone, South East Oromia, Ethiopia, April 2015



Source; Own survey, 2015.

.Among 68 respondents who knew modern contraceptive method, 55(26.69%) of them knew pills, 51(24.75%) knew injectable, 33(16.03%) knew condoms, and Norplant, tubal ligation, constitutes a small percent which is 18(8.74%), 6(2.91%) and 5(2.43%) respectively. (Table 2)

Table -2 Distributions of women of reproductive age group (15-49) by type modern contraceptive method they know in Eteya Town, Arsi Zone, South East of Ethiopia, April 2015.

Types of modern contraceptive method they may know	No	%
Pills	18	26.47
Inject able	15	22.05
IUCDs	9	13.24
Norplant's	7	10.29
Tubal ligation	2	2.94
Foam tablet	4	5.88
Condom	11	16.19
Other	2	2.94
Total	68	100

Source; Own survey, 2015.

From a total 68 respondents who knew modern contraceptive method, 27(39.71%) of them knew benefits of it as to space birth, 24(35.29%) to prevent pregnancy, 17(25%) to limit birth. (Table 3)

Table- 3 Distribution of women of reproductive age group (15-49) by benefit of modern contraceptive method they know in Eteya Town, Arsi Zone, South East of Ethiopia, April 2015.

Benefits of modern contraceptive methods	No	%
Space birth	27	39.71
Limit birth	24	35.29
Prevent pregnancy	17	25
Total	68	100

Source; Own survey, 2015.

4.3 ATTITUDE

Out of 68 respondents knowing modern contraceptive method 27(40.69%) of them strongly agreed that child spacing is important, and 29(42.64%), 10(14.70%), and 2(2.94%) of them agreed, disagreed and *undecided* respectively with an importance of child spacing; and for limiting the number of children, 32(47.05%), 25 (36.76%), 7 (10.29%), and 4 (5.88%) of them strongly agreed, agreed, disagreed and undecided respectively.

Out of the 68 respondents 23 (33.82%), 21(30.89%), 15(22.06%), 4(5.88%) and 5(7.35%) of them strongly agreed, agreed, disagreed, strongly disagreed and undecided respectively with the use of modern contraceptive method is important.

Out of the 68 respondents 28(41.18%), 24(35.29%), 7(10.29%), 6(8.82%) and 3(4.42%) of them strongly agree, agree, disagree, strongly disagree and undecided respectively with the use of modern contraceptive method is to prevent pregnancy.

From the total score of attitude, the positive and negative attitude level was classified on the seated criteria; accordingly majority of respondents had a positive attitude while the rest of respondents had a negative attitude.

4.4 PRACTICE

From out 68 respondents 46(67.65%) of them ever use modern contraceptive method and the rest 22(32.45%) did use. Current use of modern contraceptive method accounts for 43(63.24%) while 25(36.76%) of them do not use. (Table 5)

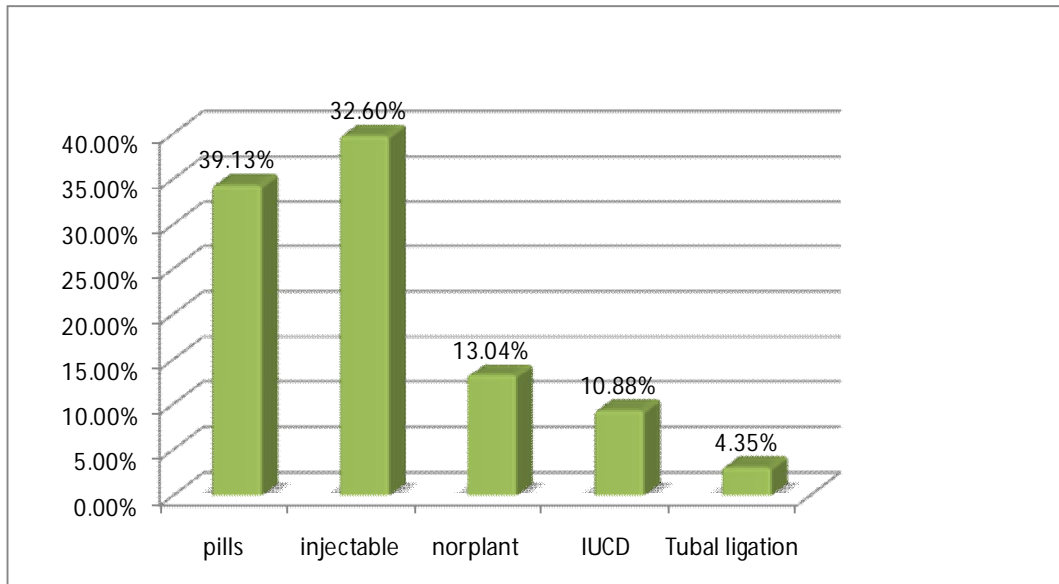
Table 4: Distribution of women of reproductive age group by ever used and current use of any of modern contraceptive method in Eteya Town, Arsi Zone, South East of Ethiopia, April 2015.

Ever use of any of modern contraceptive method.	No	%
Yes	46	67.65
No	22	32.45
Total	68	100
Current use of modern contraceptive method.		
Yes	43	63.24
No	25	36.76
Total	68	100

Source; Own survey, 2015.

Out of the total modern contraceptive users 18(39.13%) of them used pills whereas injectable, Norplant, IUCDs, and tubal ligation were used by 15(32.60%), 6(13.04%), 5(10.88%), and 2(4.35%) respectively. (Figure-2).

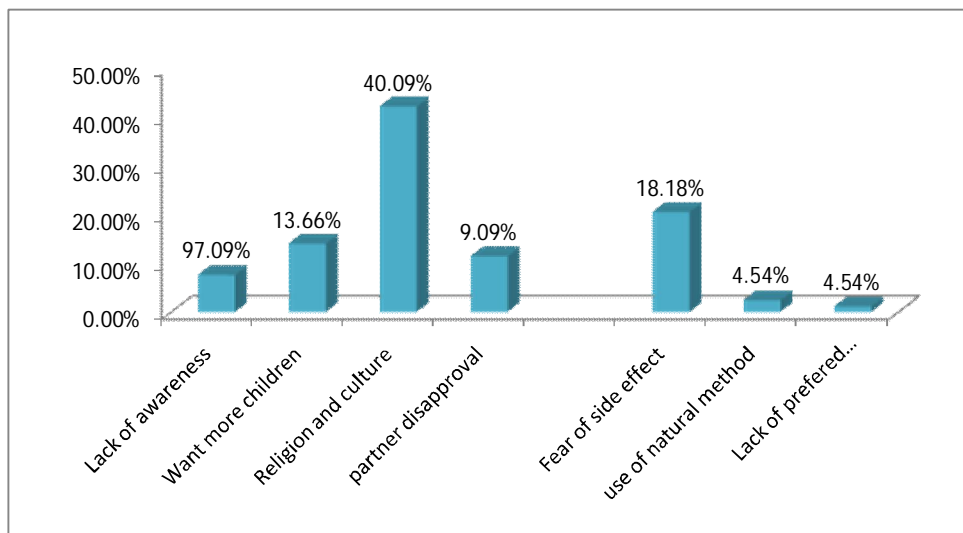
Figure 2 Distribution of women of reproductive age group (15-49) by type of modern contraceptive used in Eteya Town, Arsi Zone, South East of Ethiopia, April 2015.



Source; Own survey, 2015.

Out of non-users of contraceptives methods 2(9.09%),3(13.66%), 9(40.90%), 2(9.09%), 4(18.18%), 1(4.54%), and 1(4.54%), of them do not use because of lack of awareness, want more children, religion and culture, partner disapproval, fear of side effect, use of natural method, and lack of preferred method respectively.(Figure-3).

Figure 3: Distribution of women of reproductive age group (15-49) by reason of non-use of contraceptive in Eteya Town, Arsi Zone, South East of Ethiopia, April, 2015.



Source; Own survey, 2015.

4.5 ASSOCIATION

Table 5: Association between Religion and Knowledge toward contraceptive utilization among women of reproductive age group (15-49) in Eteya Town, Arsi Zone, South East of Ethiopia, April, 2015.

Religion	Knowledge			X ²	P- value
	Knowledgeable	Not knowledgeable	Total		
Muslim	35	4	39	0.163E-04	0.997
Christian	33	3	36		
Total	68	7	75		

Source; Own survey, 2015.

Table 6: Association between Religion and Practice toward contraceptive utilization among women of reproductive age group (15-49) in Eteya Town, Arsi Zone, South East of Ethiopia, April, 2015.

Religion	Practice			X ²	P- value
	Good	Poor	Total		
Muslim	9	17	26	0.141E-02	0.970
Christian	16	26	42		
Total	25	43	68		

Source; Own survey, 2015.

CHAPTER FIVE

Discussions and Suggestions

5.1 Discussions

Family planning is a means of promoting the health of women and families and part of strategies to reduce the high maternal, infant and child mortality and yet, there is very little information on what influences its utilization in Ethiopia.

From this study out of 75 study subjects interviewed as if they have knowledge about modern contraceptive, only 68(90.67%) of them were found to be knowledgeable, and this finding is different from a cross sectional survey conducted in Addis Ababa, February. 1-5, 2010 in which, a total of 361 study subject were interviewed making the coverage of study 265 (73.54%) had good knowledge about modern contraceptive and A survey of KAP toward contraceptive utilization conducted among lower, middle and upper class women in Gondar women 1996 which showed 65% of the respondent knew about modern contraceptive method. The likely exception for this dissimilarity might be due to difference in study period, level of education of the study subjects involved and Operationalization of utilization.

According to this study most 18(26.69%) of the respondent having knowledge about modern contraceptive method, mentioned pills and 15(22.05%), 9(13.24%), of them mentioned injectable and IUCDs respectively. This finding is same what similar with a survey of KAP conducted among lower, middle and upper class women in Gondar women 1999, in which 44% of the study subjects mentioned pills, followed by tuba ligation.

Out of 68 respondents knowing modern contraceptive method 27(40.69%) of them strongly agreed that child spacing is important, and 29(42.64%), 10(14.70%), and 2(2.94%) of them agreed, disagreed and *undecided* respectively with an importance of child spacing; and for limiting the number of children, 32(47.05%), 25 (36.76%), 7 (10.29%), and 4 (5.88%) of them strongly agreed, agreed, disagreed and undecided respectively.

Of the 68 respondents 13(38.35%), 12(36.41%), of them strongly agree respectively with the use of modern contraceptive method is to prevent pregnancy question. From the total score of attitude, the positive and negative attitude level was classified on the seated

criteria, accordingly 12(36.644%) had a positive attitude and the rest 21(63.35%) had a negative attitude. This finding was similar with a cross-sectional survey conducted in Addis Ababa February. 1-5, 2005, in which 279(77.3) had favourable attitude towards modern contraception. (13)

From the of sample the modern contraceptive users 44(34.37%) of them used pills whereas injectable, Norplant, IUCDs, and tubal ligation were used by 51(39.84%), 17(13.28%), 12(9.37%), and 4(3.13%) respectively. This study finding was same what similar with a study done on family planning among mothers of Mexico which shows the use of family planning among women's of reproductive age group, was high, overall 47% of women use family planning method. Among current users majority relay on IUCDs, pills and injectable are most widely used 8% and 6% respectively. (4)

Generally, as to the knowledge, attitude and practice of respondents, the main factors as challenges to its poor utilization were: religion and culture and fear of side effect . This finding was not much different from what has been observed from the finding in Nigeria which showed that knowledge of mothers of reproductive age group on modern contraceptive was high, 22% of women ever use family planning and 13% of them were not using, 44% did not know any family planning method and 22% were afraid of side effects and did not know where to obtain.

Furthermore, this study further revealed as there is no significant association between socio-demographic characteristics and KAP toward modern contraceptive utilization.

Based on the finding of the study the principal investigator has made the following conclusions:-

- ❖ Most 68 (90.67%) of the study subject had knowledge about modern contraceptive method and most of them mentioned pills as a modern contraceptive method and benefit of modern contraceptive method were known as to space birth by majority of the respondents.
- ❖ From the total score of attitude, the positive and negative attitude level was classified on the seated criteria; accordingly majority of respondents had a positive attitude while the rest of respondents had a negative attitude.

- ❖ There was no significant association between socio-demographic characteristics and KAP toward modern contraceptive utilization found.

5.2 Suggestions

Based on study finding and conclusion the following recommendations are made to the responsible bodies

- ❖ Health education is better to be given to mothers of reproductive age group regarding the benefit of using preferred type of family planning method, the uniqueness of each type of methods and their side effects by nearby health centre and health extension workers of the Eteya town.
- ❖ Efforts should be made to change the community attitude on contraceptive utilization through provision of adequate information and training by Eteya Woreda health bureau and other concerned body.

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INFORMED CONSENT AND QUESTIONNAIRE
INDIRA GANDHI NATIONAL OPEN UNIVERSITY
SCHOOL OF SOCIAL WORK.

Knowledge, Attitude And Practice Towards Contraceptive Usage Among Women Of Reproductive Age Group In Eteya Town, Arsi Zone, East South Of Ethiopia
General Information

Dear client,

This is a study Assess the Knowledge, Attitude And Practice Towards Contraceptive Usage Among Women Of Reproductive Age Group In Eteya Town, Arsi Zone, East South Of Ethiopia. In order to attain effective goal, I ask your honest and genuine answer. There is no need to put your name. No individual response will be reported. This is to keep absolute confidentiality. It is your full right to participate or refuse in the study. If there is anything not clear, don't hesitate to ask for clarification.

Do you want to participate in the study? Yes _____ No _____

If you say "yes" put your signature _____ Date of Interview

Thank you for your cooperation.

Part I :Socio-demographic Characteristics

No	Questions	Responses
1	How old are you?	18-20 year 21-24 years 25-28 years >=29 years

2	What is your Religion?	Orthodox Protestant Muslim Wakefata Other specify_____
3	Which Ethnic group do you belong to?	Oromo Amhara Tigre Other specify_____
4	What is your Marital status?	Single Married Widowed Divorced Other specify_____
5	How much Pocket Money do you get per month?	-----Birr
6	Educational status	Illiterate Read and write Grade 1-6 Grade 7-8 Grade 9-12 Above 12+

Part II: Questions about Knowledge of contraceptive

No	Questions	Responses
1	Do you know about any of modern contraceptives?	Yes No
2	If your answer for Q 1 is Yes , Which specific type do you know?	Pills injectable IUCDs Norplant's Tubal ligation Foam tablet condom Other specifies! -----
3	Which benefits of modern contraceptive method do you know?	Spacing birth Limit birth Prevent pregnancy Others(specify)

Attitude toward contraceptive

Attitude questions	Strongly agree(5)	Agree(4)	Disagree(3)	Strongly disagree(2)	Undecided(1)
1.child spacing is not important					
2.number of children shouldn't be limited					
3.use of modern contraceptive method is important					
4.use of modern contraceptive method is to prevent pregnancy					
5.Modern contraceptive hurt health					

Practice of contraceptive method.

1. Have ever used any of modern contraceptive method?
 - a. Yes
 - b. No
2. If 'yes' for above question which specific type of modern contraceptive method do you use?
 - a. Pills b. injectable c. IUCDs d. Norplant e. tubal ligation f. foam tablet g. others(specify)
3. Do you currently using it?
 - a. Yes
 - b. No
4. If 'no' for question number 1 and 3, what is the reason for your non-use?
 - a) Lack of awareness
 - b) wants more children
 - c) partner disapproval
 - d) religion and culture
 - e) fear of side effect

- f) use of natural method
- g) lack of preferred method
- h) others(specify)

**MASTER OF SOCIAL WORK (MSW) PROJECT WORK PROPOSAL
OF MSWP-001.**

Prepared By. Temesgen Ensermu Gerbaba

Enrolment No. : ID1115110

Date of Submission: March 16/2015

Name of the study centre: St.Mary University Post Graduate Studies (8105)

Name of the guide: Mosisa Kajela

Title of the Project: KNOWLEDGE, ATTITUDE AND PRACTICE
TOWARDS CONTRACEPTIVE USAGE AMONG WOMEN AT
REPRODUCTIVE AGE GROUP OF ETEYA TOWN, ARSI ZONE, EAST
SOUTH OF ETHIOPIA

Signature of the student: _____

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April 2015

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Date:

ACRONYMS

- ❖ **AIDS**- Acquired Immunity Syndrome
- ❖ **EPHA**-Ethiopian Public Health Association
- ❖ **FGAE**-Family Guidance Association of Ethiopia.
- ❖ **FP**-Family Planning.
- ❖ **HIV**- Human Immune Deficiency Virus.
- ❖ **IGNOU**- Indira Gandhi National Open University
- ❖ **IUCDS**- Intrauterine Contraceptive Devices.
- ❖ **MOH**- Ministry of Health.
- ❖ **SRS**- Systematic random sampling technique
- ❖ **STDs**-Sexually Transmitted Diseases.
- ❖ **STI**- Sexually Transmitted Infection
- ❖ **RAG**-Reproductive Age Group
- ❖ **WHO**-World Health Organization.

Operational definition

Knowledge is determined by considering the first knowledge question as a base.

- ❖ Knowledgeable- if they attain or know about contraceptive (yes answer for question number one which is base for the second and third questions.) otherwise not knowledgeable.
- ❖ Positive attitude-women's having greater than or equal to 16 scores for an attitude question.
- ❖ Negative attitude –women's having less than 16 score for an attitude question.
- ❖ Good practice – women's answering 'yes' for questions number one and three of the practice questions.
- ❖ Poor practice – women's answering 'no' for questions number one and three of the practice question.
- ❖ Wereda- district or is the smaller unit of administration with geographical, political and social character that composed of more two kebeles.
- ❖ Kebele – is the smallest unit of administration with geographical, political and social character.

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Summary

Background: Unplanned pregnancies complicate maternal health and child health through many ways. On the other hand, unplanned pregnancy is one of the major reasons, which expose men for unsafe abortion. Family planning is a means of promoting the health of women and families and part of strategies to reduce the high maternal, infant and child mortality.

Objectives: The objective of this study is to assess Knowledge, Attitude and Practice towards contraceptive utilization among women of reproductive age group (15-49) in Eteya Town, Arsi Zone, and East South of Ethiopia

Methodology: Quantitative community based cross sectional study will be employed from February-April 2015. The data will be collected by face-to-face interview using structured questionnaires. The sample size for this study was 75 selected from the study population.

CHAPTER ONE

1. BACKGROUND OF THE STUDY

1.1 INTRODUCTION

Family planning is a means of promoting the health of women and families and part of strategies to reduce the high maternal, infant and child mortality. It is also an important means of strategies to lower maternal death by spacing or preventing pregnancy especially on high-risk mothers (Bohmor L. 1995. P-10.).

Almost everywhere in the world, there is interrelation between population rate and socio- economic condition of the country. Poverty, illness that causes unhappiness is the most important consequences of rapid population growth, which entails inadequacy of public services. (Vermin and David. Z.,1995;pp 11-14)

The major concern of family planning today is the reproductive health problem of the adolescent age group. One third of the population is between 10 and 24 years of age and four out of five of these young people live in developing countries. This period is the line when dynamic change, emotional, social development and adjustment take place. Any interference other than the expected normal will have an implicit effect on the normal physiological development of individual with potential hazards of leading to social mal-adjustment. (Vermin and David. Z., 1995;pp 11-14.)

Reducing the number of unplanned pregnancy promotes reproductive health mainly by reducing; the number of time women is exposed to the risk of pregnancy and child bearing in adverse circumstances. (5). Unplanned pregnancies complicates maternal health and child health through many ways, because most of these categories, less than 18 or very old greater than 35, short pregnancy intervals which are highly associated with risk for infant mortality.(Anders Jepson FHO 1985 Addis Ababa. P180.)

Alike other developing countries Ethiopia is facing a population crisis. This is more evident when we look at the estimation on the annual population growth rate of 3.3% in 1993, similarly, the total fertility rate for each women is on average 6.6, moreover, it was also estimated that 48.5% of the total population.(East African medical journal 73(10):660-664.)

These demographic situations imply a high fecundity potential and big burden of chief dependency for the present and future generation of the country. This study will

provide base line data on Knowledge Attitude and Practice (KAP) towards family planning utilization.

1.2 STATEMENT OF THE PROBLEM

Globally, 38% of all pregnancies were unplanned and 22% of those are abortion (5). World fertility survey conducted in Egypt and Morocco respectively from 1950 and 1979 to 1995. The result show that from the late 1970 to the mid 1990 fertility declined to 44% in Morocco and 28% in Egypt reflecting a drop in both the level and space of child bearing. The cumulative proportion of women progressing to each successive parity fall by at least 25% at a third and fourth birth in Egypt, the pattern is more mixed in Morocco, with declines fluctuating between 11% and 27% starting at the transition between a second and a third birth. Moreover, the median length of time between births increased over a period, especially in the interval between births at parties 1-3 in Egypt (increases from 3.0-3.6 month). Among the factor, contributing to these fertility declines was a rise over the period in the simulated mean age at marriage (by five years in morocco and by one year in Egypt (East African medical journal 73(10):660-664.)).

On the other hand, unplanned pregnancy is of the major reason, which exposes women for unsafe abortion in most of developing countries. Worldwide it is estimated about 40-60 million women resort abortion to end unwanted pregnancies. These abortions are unsafe; the procedure carries a high risk of injury and death accounting 125,000 to 2,000,000 women death annually (Ethiop. J. Health Dev. 2009;23(Friedman, Herbert, L. 1993 vol. 14, pp. 22-23)).

Studies in a number of countries have shown that wherever fertility is high maternal, infant and child mortality rates are high. Fetal deaths, low weight at birth and related problems are also associated with unregulated fertility. More specifically, high maternal, infant and child mortality rates are associated with such reproductive practices as short birth intervals, pregnancies in women under the age of 20 and above the age of 35 and so on.

In developing countries outside of sub-Saharan Africa between 1/10th and 1/3th of all recent birth reported are unplanned and similar figure were reported to be mistrusted (Yohannes Tolosa: April, 2004. P-43).

Unwanted pregnancies and childbirth are still leading cause of death. Disease and disability among women in reproductive age in developing countries is common. Over

300 million women in developing countries suffer from short term and long-term illness brought by pregnancy and childbirth (Yohannes Tolosa: April, 2004. P-48).

The percentage of unwanted pregnancies among African women were 65% in Swaziland, 56% in Comoros, 53% in South Africa, 45% in Kenya, 35% in Ethiopia and lowest in Nigeria which is 10%. (Abdella. A 1996.. East African medical journal 73(10):64-66.)

In Ethiopia, social and cultural norms dictate that women bear children only within the context of marriage. The 1990 national fertility and family survey and subsequent studies have indicated that social economic factors and values have an impact on fertility. (East African medical journal 73(10):660-664.)

As the problem identified failure of family planning clinic to motivate the forget groups and recommended high prevalence of unplanned pregnancies while using contraceptive methods indicates to improve the women knowledge about how to use the methods (Federal democratic republic of Ethiopia ministry of health 2012).In Ethiopia the situation is not different than developing countries; women suffer from problem of related pregnancies and child bearing. Maternal mortality rate from pregnancy and pregnancy related condition was still as high as or more than 10/1000 pregnancies (Ethiop. J. Health Dev. 2009;23(2)).

A study conducted on unmet need and demand for family planning in Addis Ababa, showed unmet need for contraceptives was 21.6%. Annual population growth rate is high whereas family planning prevalence rate is as low as 9.1% .

High maternal, infant and child mortality rates are associated with such reproductive practices as short birth intervals, pregnancies in women under the age of 20 and above the age of 35 and so on.

Therefore, this study will try to asses KAP towards contraceptive utilization among mothers of reproductive age group in Eteya town, Hetosa Woreda, East South of Ethiopia.

1. 3. OBJECTIVES OF THE STUDY

General objective

- ❖ To assess knowledge, attitude and practice towards contraceptive usage among women at reproductive age in Eteya town, Hetosa Woreda, Arsi zone, east south of Ethiopia.

Specific objectives

- ❖ To assess knowledge of contraceptive utilization of women at reproductive age group in a study area.
- ❖ To assess attitude towards contraceptive utilization of women at reproductive age group in a study area.
- ❖ To assess practice of contraceptive utilization of women at reproductive age group in a study area.
- ❖ To assess the association of socio-demographic characteristics with KAP of women's of reproductive age group in the study area.

1.4 RESEARCH QUESTIONS

The research questions for this study will be:

4. Are women of reproductive age groups known benefits and types of modern Contraceptive?
5. Are women of reproductive age groups believed in importance of modern Contraceptive?
6. Are women of reproductive age groups using modern contraceptives?
7. Are there a relationship between KAP of family planning method and religious groups?

1.5 Significance of the study

Ethiopian women suffer from the effect of early pregnancy, too frequent and too many pregnancies. Contraceptive prevalence rate of Ethiopia is about 10-15% compared to 71% of developed countries. Annual population growth rate is high were as family planning prevalence rate is as low as 9.1%. Ethiopia is one of the developing countries in which total fertility rate and maternal mortality rate is high. Unplanned pregnancy is one the cause for such increased total fertility rate and maternal mortality rate, So this study may enable to address the extent of KAP toward family planning utilization and to determine the effectiveness of health activities in that area. Additionally it provide information that can be used as source of information for the next researchers and for all concerned bodies like district health bureau and Rural health extension workers.

CHAPTER TWO

2.1 Literature review

In more developed country, the recent study examines recent levels and trends of contraception practice throughout the world. It is estimated that 57% of couples with the wife of reproductive age were currently using some form of contraception on average. Therefore, in more developed region the average level of use at the most recent measurement was 72% and in less developed region is 53%. The level of current use or contraceptive prevalence varies greatly among the less developed region from an estimated 18% of couples using contraception in Africa and only 12% in sub Saharan Africa, to 79% in eastern Asia. For all individual developing countries, in Asia, the level of use is 58%, the same as in Latin America and Caribbean (Bohmor L. 1995. P-10.)

As the study done on family planning among mothers of Mexico shows the use of family planning among women's of reproductive age group, was high, overall 47% of women use family planning method. Among current users majority rely on IUCDs, pills and injectable are most widely used 8% and 6% respectively. (Anders Jepson FHO 2013, Addis Ababa. P180)

Study done in Lante peasant association shows that 59.6% of women were with planned pregnancy, literacy status of women was statistically, significantly associated with type of pregnancy that is planned or unplanned, and also 80% of mothers use injectable followed by pills(76%).(10)

The finding in Nigeria shows that knowledge of mothers of reproductive age group on modern contraceptive is high 22% women even using family planning and 13% of them are not using, 44% do not know any family planning method and 22% were afraid of side effects and did not know where to obtain.(2).

A study done in developing countries over one million who are married have unmet need for spacing or limiting births. Other suggested countries were large number of women have unmet need are Pakistan at 7.5 million, Brazil at 3 million, Mexico at 3.1 million and Philippines at 2.5 million. Among the most common reason for unmet need

are unsatisfactory service, lack of information, fear of side and opposition from husband, relative or others. (7)

A survey conducted in Ethiopia showed that 30% of all pregnancies were unplanned. This indicates an enormous unmet need for family planning will be about 800,000 unwanted pregnancies every year (14)

Another study done in the kechene community of Addis Ababa on desired number of children and number of children obtained show that 57.7% of the respondent already gave birth to more than the number of children they need.

A study done on family planning practice and related factors of married women in Ethiopia, show that almost 67% of women were currently using at least on family planning method and most common obtained family planning method from the public health sectors. Short-term methods such as pills and injections were most commonly used. Family planning practice was significantly associated with willingness to use long-term permanent family planning method in future and spousal discussion about family planning method. (Yohannes Tolosa: April, 2004. P-43)

A study done on the role of men in family planning in a rural Community of western Ethiopia showed that Only 78(21.4%) of women and reported current use of contraceptive Method. More than half, 40(52.6%) of women who reported current use of contraceptive methods were using injectable and 28(36.8%) of them were using oral contraceptive pills. The reason for discontinuation of contraceptive use were, 27(55%) of women was to have children and 17(34.7%) of women reported discontinuation due to fear of side effects .A survey conducted by MSIE on KAP of family planning method from January-February 2009 in five regions and two administrative area on 1200 female of reproductive age group show that 51% of the respondent use modern family planning method (37% of respondent), IUCDs, implants, male and female sterilization were mentioned by only 3%of respondents, unmet need for family planning is 25% (17% for spacing, 8% for limiting). (Yohannes Tolosa: April, 2004. P-43)

A study conducted on unmet need and demand for family planning in Addis Ababa, showed unmet need for contraceptive ever 21.6%.(2) different reasons were given by mothers for the occurrence of unplanned pregnancies, among these reasons failure of contraceptive usage was highest, followed by husband preferences, missed times and

lack of means to protect respectively. A cross-sectional survey was conducted in Addis Ababa February. 1-5, 2005, a total of 361 study subject were interviewed making the coverage of study 99.7%, 183(50.7%) were married, 186(51.5%) illiterate and 352(97.5) were got less 100 birr per month, 266(73.54%) had good knowledge about modern contraception and 279(77.3) had favorable attitude towards modern contraception. A survey of KAP was conducted among lower, middle and upper class women in Gondar women 1996 show that the women were typically their late 20, house wife, Christian and literate, 65% know about modern contraceptive method, 44% mentioned pills, 18% mentioned tubal ligation and 16.2% knows IUCDs, rhythms, abstinence and condoms were mentioned by 9.1%, 7.5%, and 4.3% women's respectively. The prevalence of use of modern contraceptive method was 17.2%, socioeconomic variables were major determinates of contraceptive knowledge and practice. Government workers had a high frequency of knowledge and practice, majority of non-users were Muslims. (Ethiop. J. Health Dev. 2009;23(2))

CHAPTER THREE

METHODOLOGY AND STUDY DESIGN

2.1 Study period and area

This study was conducted according to time budget from January to April 2015.

Eteya town is a capital of Hetosa woreda that is one of the 24 administrative woreda's under Arsi zone, Oromia regional state. The town is found in 40 km distance from Adama City and 130 km distance from Addis Ababa in east south direction of the country.

The total population of the town is 2142 with 1095 females (of which women of reproductive age group, 15-49 are 211) and 1047 males according to the population projection based on 2007/08 population censuses. The town is sub-divided in to two administrative kebeles and has one Health center, two private clinics and two drug venders.

2.2 Study design

The paradigm of this study was quantitative and it utilised a descriptive, cross-sectional survey design. It was referred to as such because it was centred on numerical data, dedicated to describing a particular phenomenon and data was collected during a single, relatively brief time period. By using the cross-sectional design, this study gives a snapshot impression of the Knowledge, Attitude And Practice towards contraceptive usage among women of reproductive age group In Eteya Town, Arsi Zone, East South Of Ethiopia.

7.1.1 Source population

Women of reproductive age group (15-49) in Eteya health centre who are coming for the health care seek.

3.2.2 Study population

Women of reproductive age group will be selected from the source population by systematic random sampling technique.

3.2.3 Sample size and sampling technique

3.2.4 Sample size

Sample size was pre determined according to the IGNOU research guide booklet and based on the study pupation there will be 75 women selected for the study.

3.2.5 Sample technique

Women of reproductive age group was selected from the source population by systematic random sampling technique. The sample frame is the total reproductive age group in the waiting area and sample unit is selected by lottery method from among women's in a reproductive age group at their seat.

7.2 Variables

7.2.1 Independent variables

- ❖ Age
- ❖ Religion
- ❖ Ethnicity
- ❖ Educational status
- ❖ Occupation
- ❖ Marital status
- ❖ income

7.2.2 Dependent variables

- ❖ Knowledge
- ❖ Attitude
- ❖ Practice

CHAPTER FOUR

Data collection methods and materials

4.1 Data collection methods

Data was collected using face-to-face interview by taking randomly seat in waiting area. In addition to the face-to-face interview data collection method the In-depth interview, an Observation method was used as data collection method.

4.2 Data collectors

Two data collection facilitators who are Diploma nursing students in stream were recruited from non-graduating classes and one supervisor (Diploma Nurses) was recruited.

4.3 Data Collection Procedure

Data was collected through face-to-face interview questionnaire using pre-tested structured questionnaire by trained facilitators.

4.4 Quality control measures

The quality of the data was assured using pre-tested questionnaires prior to the actual data collection .Data collectors were trained for half day intensively on the study instrument and data collection procedure that includes the relevance of the study, objective of the study, about confidentiality of the information, informed consent. The filled questionnaires were checked at the end of data collection every day for completeness to solve if there was any problem as early as possible and to take corrective measures accordingly.

4.4.1 Data processing and Analysis

Data was entered into SPSS computer program and analysis would be done using descriptive statistics. Prior to analysis, data cleaning, checking for completeness was done and data was entered in to computer to be analyzed, and tables, figures and statements, were used to present the findings.

4.5 Ethical consideration

The letter of support from St. Marry one of IGNOU study center was obtained after approval of the proposal to ask permission from the leader of the institution and

other concerned bodies. Informed consent was obtained from each individual before interviewing.

4.6 UNIVERSE OF THE STUDY METHOD

Women of reproductive age group (15-49) in Eteya health centre who are coming for the health care seek that is 211 women. Women of reproductive age group will be selected from the source population by systematic random sampling technique.

4.7 SAMPLING METHOD

Sample size is pre determined based on the study population there will be 75 women selected for the sample of the study. District health office will participate in the interview. To obtain the secondary data registration book of the health centre will be clerked. Observation of the client and health workers relation on the issue will be observed in the family planning unit within the health centre. Random sampling technique will be used to select the study population. The sample frame is the total reproductive age group in the waiting area and sample unit is selected by lottery method from among women's at reproductive age group. The independent variables of the study consists of age, religion, ethnicity, education, occupation, marital and income situation of the women at reproductive age that will be selected for sampling of the study. Knowledge, attitude and practice are the dependent variables of the study.

Chapterization

This project work has five chapters. The first chapter deals with the introduction, statement of the problem, objectives of the study (general objective and specific objectives), Research questions, and significance of the study.

The second chapter dealt with the theoretical frame work and literature review. the third chapter depicted the design so the study, site of the study, source of the data, information of the study, instrument of data collection, procedure of data collection and data analysis procedures.

The fourth chapter presents the narration, findings and discussion of the finding. The last chapter presents the conclusions and the recommendations from the researcher about the problem under the investigation. In end the reference materials used in this research were indicated.

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