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Acronyms

AIDS	Acquired immune deficiency syndrome
ANC	Antenatal care
BCG	Bacille- Calmette-Guerin
CSA	Central statistical Authority
CHA	Community Health Agent
DHS	Demographic and Health Survey
DPPB	Disaster prevention and preparedness Bureau
DPT	Diphtheria, Pertusis Tetanus
EPI	Expanded Programs of Immunization
FP	Family Planning
HIV	Human Immune Deficiency Virus
NGO	Non-Governmental Organization
IUD	Intra Uterine Device
MSI	Marie Stopes International
MOH	Ministry of Health
P	P= Value
RH	Reproductive Health
TBA	Traditional Birth Attendants
TTBA	Trained Traditional Birth Attendant
UTBA	Untrained Traditional Birth Attendant
WHO	World Health Organization

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Executive Summary

A cross-sectional, descriptive community based RH/FP baseline survey was conducted in Ambo town, West Shewa Zone of Oromia Region in July 2001.

The general objectives of the survey is to put important benchmark indicators for future monitoring and evaluation the MSI-E RH/FP project and specifically to assess the knowledge, altitude & practice of family planning, to assess the awareness knowledge about HIV/AIDS of the target population, to assess the fertility status, to assess the maternal & child health status in Ambo town

The survey was conducted in such a way that the woman of 15-49 years was interviewed about reproductive health of herself. Sample data was collected proportional to the size of households in each kebeles. The sample size was determined by client organization to be 1100 on the account that 1000 sample are required as minimum to measure age specific fertility rate for a given area and 100 sample was added as contingency for the non response that could have occurred even though that was not the case in this survey. Quantitative data collected through structured questionnaires and was entered into computer on which frequencies and tables were run for different indicators using EPI.INFO version 6

Of the 1100 women of 15-49 years planned, 1098 (99.8%) were surveyed in Ambo town. The mean age of the respondents was 26.3 year. About 49.7% of the respondents (n=1098) are married, or living in cohabitation, while 37.1%, 7%, 6.2% are single, widowed and divorced respectively. The mean and median age of first marriage in this study is 19 years. About 56%(n=543) of women married before eighteen years. About 111(16%) of the women married before reaching fifteen years. About 60.2% of mothers reported to have first given birth when they were less than 20 years.

About 24.9%, 17.9%, 43.6%, 2.3%, 10.9%, 0.3% of the respondents (N=997) attended junior secondary, senior secondary, university (higher education), literacy program and non-formal education respectively. The literacy status of the survey women is 58% (those who attended junior secondary, senior secondary or higher education).

The ethnic composition of the respondents (n=1098) consists of Oromos, Amaharas, Gurage and Tigres in 73.7%, 20.1%, 3.8% and 1.6% respectively.

About 281(25.6%)of the respondents reported to work out side their houses while the rest do in indoor.

Of the total respondents (n=1098) 80.5% of them belong to Orthodox Christian while 16.4%, 1.9%, 0.8%, 0.4% are a member of Protestant Christian, Islam, and traditional and catholic religion respectively.

The reported total fertility rate is 2.5 children per women while the adjusted total fertility rate estimated by application of Arriaga's approach is 5.19 children per women.

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Of the total surveyed women 76% (N=1098) reported to have heard about some form of family planning. The knowledge of family planning method among married women is 81.2%(n=543). The most commonly known modern FP method are pills in (90.1%) (N=1098) and injectable in 77.7% (N=1098) of the respondents respectively. And the knowledge for other specific contraceptives is low: 44.2%(n=1098) for tubal ligation, vasectomy 8.8%(n=1096), foam tablets 22.8%(n=1093), IUD 43.3%(n=1098), Norplant 58.2%(n=1095). The respondents' knowledge about traditional family planning methods is also low. The most known traditional methods are calendar or safe period known by 56.9%(n=1097), withdrawal in 20.3%(n=1095), abstinence in 42.9%(n=1098), and post coital douche known by 12.1%(n=1098) of respondents.

The ever use of contraceptives among all surveyed women was 35.3% (N=1098) while it is 60.1% (N=543) among the married women. About 24.9% (N=1098) of the respondents in general and 45.3%(N=543) of married women in particular are currently using contraceptives. The most commonly used modern contraceptive are injectable 52.7% (N=274) and pills 23.1%(n=274) respectively. And the most used traditional method is calendar days 13.1%(n=274). The mean duration of FP method currently on use is 24 months. About 89.4% (N=274) of the contraceptives being used are supplied from government health institutions while the rest is by NGO and private health institutions respectively. Condom use by the respondents is very low 1.8 %(n=274).

About 68.3%(N=432) of fertile non-pregnant women reported to need more children while 30.1% (N=432) reported that they don not want more children while 1.6% (N=432%) of them have not decided. About 29% (N=221) of married women who never used family planning method indicated that they have intention to use FP in the future and the most preferred method for the future are injectable 60.9% (N=221) and pills 26.6% (N=221).

The most common reasons for not using FP method are sexual abstinence in 26%(N=425), religious reason in 20.1% (N=425), religious prohibition 10.7%(N=425) and lack of knowledge about family planning in 10.7%(N=425) and Health concern (10%). The common reason for discontinuation of FP method are desire to be pregnant 31.9% (N=113), divorce or sexual abstinence due to death of husband in 34.5%(N=113) and side effect of the drugs by 15.9%(N=113) of the respondents.

About 89.4%(N=1098) and 95.9%(N=1098) of respondents reported that their husbands or partners know and approve respectively their use of family planning method.

About 87.5%(N=80) of mothers who reported to have given birth over the last 12 month have attended antenatal care during their last pregnancy. Of the total 56.1% delivered at health facility while the rest did at home. About 3.3% (N=1098) of the respondents were pregnant during the survey time.

Of the total 2419 pregnancies registered among the surveyed women 96.4% them ended with life birth while 1.2%, 2%, 0.3% terminated with stillbirth, miscarriage and abortion respectively.

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About 28.9% (N=1098) of respondents reported to know other women who aborted. However, only 6%(N=132) of them admitted to have committed abortion themselves. About 61.8% (N=56) of respondents who experienced abortion or miscarriage sought treatment of which 5.3% got their treatment from government health institutions while 8.8% and 5.9% of them gone to private and NGO health institutions respectively.

About 5.6% (N=1098) of women reported to have children of 12-24 month age. About of 83.8%(N=62) mothers have shown the vaccination card of their children. About 74%(62) of the children of responded mothers completed fully their vaccination (BCG, DPT3, Polio, Measles).

About 94%(1031) of respondents reported to have heard of HIV/AIDS and 48% of the women also know person with HIV/AIDS. Also 49.9% of respondents reported to know persons who died of AIDS. But only 8(0.8%) of the surveyed women know all five common routes of HIV/AIDS transmission and 24 (2.4%) of them know the five ways of HIV/AIDS prevention methods.

In conclusion, harmful traditional practices such early marriage and early childbearing is common among the surveyed women. The total fertility rate of the surveyed women is high. The general contraceptive knowledge of the surveyed women is high (only for pills and injectable) and low for other methods (Vasectomy, Form tablet, tubal legation, IUD, safe period, withdrawal and post coital douche). Although contraceptive use rate in this study is relatively high, the married women unmet need for family planning as high as 30%. The condom utilization among the surveyed women is very low. The injectabe contraceptive is the most preferred contraceptive method among the current users. The husbands' attitude toward their wives utilization of family planning is positive.The antenatal care and health facility based delivery is high. The vaccination coverage of children of surveyed mothers is high.
The knowledge of respondents about different modes of HIV/AIDS transmission and means of preventing the disease is low. Although knowledge about HIV/AIDS is high, only small proportions of the respondents fully know all five common routes of HIV/AIDS transmission and the five common ways of avoiding HIV/AIDS.

It is recommended that IEC on family planning in general and on specific contraceptives especially on condom, Norplant, vasectomy, tubal legation and IUD should be given. Every effort should be made to meet the 29.6 % unmet need of family planning of married women. The service provision should give high consideration in supply of injectable contraceptives & pills. Information on HIV/AIDS should be given especially on routes of transmission & ways to prevent HIV/AIDS. Information (IEC) on harmful traditional practices should be given on prevention of early marriage and early childbearing. The EPI service should be strengthened.

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Chapter 1. Introduction

1.1 Background

Ethiopia is a federal Democratic Republic comprising 9 National Regional States Tigray, Afar, Amhara; Oromia, Somalia, Benshangul-Gumz, South Nation, Nationalities people regiion (SNNPR): Gambela , Harari and 2 Administrative councils, Addis Ababa and Dire Dawa. The regional states and administrative councils are sub divided into other administrative units : 62 zones and 523 districts(1 MOH,1998)

The Ethiopian population size and growth is one of the highest in Africa continent. The population of Ethiopia is estimated to be 64 million. Ethiopia is the second most populous nation in sub-sahara Africa after Nigeria. The annual population growth rate is 2.6%. Around 2 million people are added to country's population each year. It is estimated that the Ethiopia population will reach 110 million before the year 2020.
Rapid population growth is a biggest constraint for sustainable development in Ethiopia and will remain important challenge for the country effort to attain food security at household level, provision of adequate health, education and other social services.
Fertility status is the most important factor that play major role in changing the size & structure of the population of a given area. The Ethiopian fertility trend shows little decline over the last decade, a declined from 6 birth per women 1990 (CSA,National Fertility Survey)to 5.9 births per women in the DHS 2000.

According to the DHS 2000 the total fertility rate in Ethiopia during the five-year before the survey is 5.9 children per women. The TFR for the urban & rural are 3.3 and 6.4 children per woman respectively. Fertility in Ethiopia is lowest in Addis Ababa with 1.9 children per women and highest in Oromia 6.4 children per women (DHS 2000).

About 82% of all women of 15-49 year are reported to know modern family planning method. The knowledge of family planning among married women is as high as 86%. The contraceptive pills and injectable are the most widely known modern family planning with among the married women (DHS 200). About 81.9%, 69.6% of married women know pills and injectable respectively. The most known traditional methods by married women are periodic abstinence (21.5%) and Withdrawal (9.7%). The vaginal methods are the least known modern family planning method and only 3.6% of married women know it.

In general, the knowledge of any method was about 98.1%, 84.5% for urban and rural married women respectively. And specifically the knowledge of any contraceptive method was 99.2%, 94.7%, and 92% for Addis Ababa, DireDawa & Harar region respectively (DHS 2000).

According to DHS 2000 report about 13% of all women and 17% of married women of 15-49 years reported to have ever used a contraceptive method. About 11%, of all women

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and 14% of married women have ever used modern family method. While about 5% of all women and 6% of married women had ever used a traditional method (DHS 2000).

Only 8% of married women in Ethiopia and 4% in Oromia region are using a method of family planning. Out of the total 8%, about 6%, 2% of married women are using modern and traditional method respectively (DHS 2000).

In Ethiopia although 17% of married women have ever used contraceptive only 8% are currently using showing high discontinuation rate (DHS 2000).

About 35.6% of women in urban and 3% of rural national respectively are currently using at least a method of contraception. Specifically 28.3% of married women in urban and 3.3% of rural area are currently using modern family planning method (DHS 2000).

About 45.2%, 28.4%, and 22% of married women in Addis Ababa, Dire Dawa and Harari region respectively are using a method of family planning (DHS 2000). Modern contraceptive use is highest among women in Addis Ababa 34% while it was 24% and 19% for DireDawa and Harari Region respectively (DHS 2000). Condom use among urban women is only 2% (DHS 2000) while less than 1% of all national women are reported to be using condom (DHS 2000).

Main reason for no intention of using contraceptives for currently married women was wanting to have children (41.8 percent), health concern (8.3 percent), lack of knowledge (7.9 percent), religious prohibition (7.6 percent), menaupous/histeroctomy (7.4 percent), opposition of family planning (7.2 percent) in the DHS 2000 study. About 61.6 percent-married women want to have one more child in the DHS 2000 study.

Report from DHS 2000 indicates that 36% of married women have unmet need for family planning. About 22% and 14% of Ethiopian women have unmet need of family planning for spacing and limiting their birth respectively. The unmet need for family planning is 25% and 37.3% for urban and rural Ethiopian women respectively. If all married women's family planning need for limiting and spacing their children is met, the contraceptive prevalence in Ethiopia would rise from 8% to 44%(DHS 2000).

Although over 80% of women of 15-49 years knows at least one form of contraceptive method, the Ethiopian contraceptive prevalence rate (CPR 8%) remains the lowest than neighboring East African countries 39% in Kenya, 25% in Tanzania, 15% in Uganda (DHS 2000). The general use of modern contraceptive among married women in Ethiopia is 6%(DHS 2000).

According to the DHS 2000 survey the primary infertility among married Ethiopian women during DHS is 2.8%. About 6% of urban women and 10% of rural women reported to be pregnant at the time of the survey (DHS 2000).
Childbearing at early age has determinant effect on health of mother and child. It forces the women stay long in reproductive years and invite higher fertility (DHS 200). DHS 2000 survey shows that age at first marriage among women in Ethiopia has risen slowly

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over the last two decades, from about 16 years for women age 30-49 to 17.2 years for women age 25-29 and to 18.1 years for the youngest cohort (age 20-24). This study has also further shown, that there has been sharp decline in the proportion of women who marry in their teens (with the percentage of women who married by the age 15 declining from 35 percent among women age 35-39 to 14 percent among those who were age 15-19 at the time of the study).

In Ethiopia child bearing starts at early age. The DSH 2000 survey also indicate that more than 50 percent of women age 30 and above have had their first birth in their teens, and even among the cohort age 20-24, a sizable proportion (44 percent) have had a birth before age 20. The median age at first birth was 20.0. and 18.9 years, for urban and rural national women respectively and while it was 21.7, 21.4 and 19.3 years respectively for Addis Ababa, Dire Dawa and Harari region. About 6.8% of urban and 14.5 of rural women of 15-19 year have entered parenthood. Child bearing is among teenagers is lowest in Addis Ababa 5% and highest in Gambela region 26%(DHS 2000.

About 66.6% of women in urban area and 21.6% of women in rural areas received Antenatal care by health professional in Ethiopia in five years preceding DHS 2000 survey. Antenatal care was highest in Addis Ababa 83.1% while 57.6%, 50.2% in Dire Dawa and Harari region respectively (DHS 2000).

In Ethiopia majority of the delivery take place at home. In DHS 2000 95% of birth occurring during five year before the survey were conducted at home. About 31.5% of deliveries in urban area and 1.9% of rural area occurred in health facilities. Facility based deliveries was high in Addis Ababa 66.9% and was 31% and 24.7% in DireDawa and Harari region respectively.
Report from DHS 2000 indicates that the maternal mortality ratio in Ethiopia is 871/100,000 live birth during 5 year preceding the survey time (DHS 2000).

The Ethiopia health status is one of the worst in the world. The infant mortality rate and the child mortality rate national estimate is 97 and 166.2 per 1000 life birth respectively (DSH2000). The same survey indicate that the infant mortality rate was found 97/1000, 115/1000 live birth for urban and rural area respectively. For the town area it was 81/1000, 106/1000, 118/1000 live birth respectively for Addis Ababa, Dire Dawa and Harari region respectively. Similarly, the child mortality was reported to be 149/1000, 193/1000 live birth respectively for urban and rural area respectively (DHS 2000).

Universal immunization of children for six vaccine preventable diseases (Tuberculosis Diphtheria, whooping cough, tetanus, Polio and measles) is of high importance in reducing infant and child mortality. Report from the DHS indicated that 42% of urban and 11% of rural children of 12-23 month are fully vaccinated. Vaccination coverage was highest in Addis Ababa 73.8% while it was low 35.3% and 35.9% in Dire Dawa and Harari region respectively. And it was found lowest in Oromiya region (10%)(DHS 2000).

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Vaccination status of children 12-24 months old for BCG, DPT1, DPT2, DPT3 and measles was 70.7 percent, 69.9 percent, 59.9 percent, 51.3 percent and 63.1 percent respectively for urban areas.

HIV/ AIDS is spreading at alarming rate in Ethiopia since the first reported case in 1986. According to study by Ministry of Health, one out of 6 persons in urban areas and one out 13 persons in rural area are estimated to be infected with HIV virus (MOH.). The prevalence of other sexually transmitted diseases is high.
About 2.6 million Ethiopian are estimated to be living will HIV/AIDS. The cumulative number of AIDS related death in Ethiopia from the beginning of the epidemic to the year 2002 is estimated to 1.7 million (MOH, 2000). Knowledge about HIV/AIDS was 97.2 percent in urban areas with 99.0 percent for Addis Ababa. National finding on knowledge about correct ways to avoid HIV/AIDS was 27.6 percent (one way) and 40.7 percent two or more ways. HIV/AIDS, tuberculosis and malaria are the wide spread epidemic and disabling diseases in Ethiopia accounting for high mortality rate in the country.

Marie Stopes International- Ethiopia (MSIE) is international non-governmental organization established in England. Marie Stopes is a name of the famous English lady, a physician, who began the birth control movement in England and established the first family planning clinic in England in 1921(Wallance). The Marie stopes International is named in the memory of the late Marie Stopes. Marie stopes International Ethiopia is branch of the English based NGO and was established in Ethiopia in May 1990 with bilateral agreement signed between the NGO and MOH.

MSI has opened many clinic including 'Arada', Kirkoos, Tekle Himanot, and one clinic in Dire Dawa between 1990-1994 by agreement with Disaster Prevention and Preparedness Commission (DPPC) and the Ministry of Health. In 1998, MSI opened additional four more clinics (Awassa, Bahir Dar, Jimma Shashemene) with tripartite agreements signed with respective disaster prevention and preparedness bureau (DPPB) and Health bureau of the regional government of Oromia, SNNPR, and Amhara.

Currently with fund secured from David & Lucile Packard foundation, MSI is attempting to expand its service in seven towns namely: Nekemte, Asela, Ambo in Oromia regional state, Makale in Tigray regional state and Dessie , Debre Markos and Debre Berhan in Amahara regional state. The main objective of these projects in the seven towns is to promote access for family planning & RH information and to provide FP/RH service for the population. The project also provides information on HIV/AIDS. MSI will provide the service through many out lets including clinic, community based, in schools & out of schools and work-based sites.

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1.2 Description of the Study Area

West Shewa Zone

As it name implies West Shewa lies in Western and Central part of Oromiya. The total area of the zone is about 21,316 square kilometers, which is 6% of the total area of the region. The altitude of the zone range between 1000 and 3540 meter above see level with 17% lowland, 56% medium and 27% high land in cool agro climatic zone.
The total population of West Shewa zone projected for 1994 Eth. C. is 2, 789,131 with 2, 401,357 living in rural areas while 287,774 are in urban residents. Ambo woreda is one of the 24 districts in West Shewa zone. It has a total population of 207,788 with 157,445 rural and 50,343 urban residents. The crude population density of the zone is estimated to be 118 people square kilometers.
There are 2 Hospitals, 5 Health Centers, 108 Clinics, 3 Pharmacies, 45 rural drug vendors and 2 malaria control center providing health services in the zone. A total of 27 doctors, 84 nurses, 336 health assistants and 37 technicians also function in these health facilities.
The potential health services coverage of the zone is 31%. Specific health service coverage is low; family planning (14%), EPI status as measured by DPT3 (58%), institutional delivery (6%) and ANC (25%). On the other hand coverage of these services for Ambo woreda is as follows' family planning (18.3%), DPT3 (47%), institutional delivery (11%) and ANC (25%).

Ambo District

Ambo district, which have Guder town as its capital city, covers a total area of 1490.9-square kilometers. There are 10 urban centers, 56 farmers associations and 23 service cooperatives. The total population of the district is 207,788 of which 157445 are rural resident and the rest 50343 are urban dwellers. Average family size for rural and urban areas is 5 and 4.4 respectively.
There is one hospital, 6 clinics (3 GO and 3NGO), one health post, 3 pharmacies, one drug shop and 6drug vendors in Ambo woreda with 10 doctors, 114 nurses, 39 health assistants and 6 lab technicians functioning in these facilities. The health service coverage of the district was 16.4%.
Ambo town is the capital city of West Shewa Zone. The town is one of the rural towns in Ethiopia with poor infrastructure. The town is located 125 Km. in the West of Addis Abeba on the highway to Naqamte, Gimbi, and Asosa. Most of the town population depends for their livelihood on petty trade activity. There is one small factory (Ambo Mineral Factory) that produces mineral water. This factory is located 8 kilometer from the town. There is one teaching institution (Ambo agriculture college) in the town. The town is transit points for many bus & heavy lorries coming & going to & from Addis Abeba and Western zones and region six.

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1.3 Significance of the Study

In project design & preparation baseline survey is becoming part and parcel of project to guide project & program managers. Policy makers and donors more and more emphasize base line survey to be included in the project formulation. Base line survey is important to put benchmark indicators before the start of intervention program and to monitor the progress of the project during implementation and finally to evaluate effectiveness at the end the project life. In line with the requirement of base line surveys as a part of project formulation by DPPB and Oromia Health bureau, MSI Ethiopia has conducted this base line survey.

1.4 Objective of the Study

General Objectives

To put important benchmark indicators for future monitoring and evaluation the project

Specific Objectives

- To assess the knowledge, altitude & practice of family planning among the reproductive age women in Ambo town.
- To assess the fertility status of women in Ambo town.
- To assess the maternal & child health status in Ambo town.
- To assess the awareness and knowledge about HIV/AIDS of the target population in Ambo town.

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1.5 Survey Methodology and Coverage

Design

A cross-sectional, descriptive baseline survey was conducted in Ambo town, West Shewa Zone of Oromia Region in July 2001.

Study and sampled population

The study populations are all women 15-49 year old in Ambo town during the survey time. According the 1994 National census, there were 27636 populations in Ambo town with 13380 male and 14256 female populations respectively. In the same survey a total of 6121 households with 5802 housing unites were registered in Ambo town. Ambo town has 6 town dweller association(Kebeles) . According to the 1994 census 01, 02, 03, 04, 05, 06 town dwellers associations have 1197, 925, 951,874,907 and 948 housing units respectively (CSA, the 1994 Population and housing census). The sample populations were 1100 women of 15-49 year of which 1098(99.8%) were interviewed.

Sampling technique

Sample data was collected proportional to the size of households in each kebeles. The sampling units in this survey were households and the total housing units was divided to the total sample size to get sample interval.
The survey team went into the center of the town dweller association and bottle was rolled to get the initial starting points. Then the survey was started from a starting point and was continued systematically until the predetermined sample was covered. During data collection, every 6 house was visited for the study, if there was a woman of 15-49 year. If there was no woman 15-49 year then the 5th or the 7th house was taken. This procedure gives an unbiased sample estimate (Levy and Lemeshow 1980) and is widely used in health surveys (WHO 1986).

The sample size was determined by client organization to be 1100 on the account that 1000 sample are required as minimum to measure age specific fertility rate for a given area and 100 sample was added as contingency for the non response that could have occurred even though that was not the case in this survey..

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Data collection

The study variables & the instrument are all prepared by client organization. The instrument has six parts that include:

1. Identification including; town, Kebele, household name, name of interviewers and the time at which the data was collected and
2. Background characteristics of respondents.
3. Fertility status of the women including the number Children born, ANC, delivery, abortion and current pregnancy
4. Family planning knowledge, attitude and practice of respondents.
5. Preferred number of children in lifetime and fertility status.
6. Knowledge about HIV/AIDS, it means transmission and method of preventing it.

Each data collector upon reaching the selected houses he/she introduces herself/himself to the household head and explained briefly the objectives of the study. When they obtained verbal consent, they continued interviewing and thanked the family for their cooperation upon finishing the interview. The survey was conducted in such a way that the woman of 15-49 was interviewed about reproductive health of herself.
The field supervisor was always at the field for correcting and checking the questionnaire that are filled by the data collectors at the end of the day and also for consultation in case problem arises. The data collectors were all 12 grade complete student who speak Amaharic and Oromiffaa fluently. They were 11 in number and all are females. Data collectors were trained for three days intensively on the objectives of the study among other things they were acquainted with study variables and their definitions as well as how to fill them properly. They were also trained how to interview women. In order to internalize the contents of the questionnaire, role-play was extensively practiced before going to the field. After finishing training pretest was conducted in Gudar town.

1.6 Data Entry & Analysis

Quantitative data collected through administration of structured questionnaires was entered into computer and frequencies and tables were run for different indicators using proportions of certain indicators then compared with other findings of the Zone, Region and Country level using EPI.INFO version 6 program.

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Chapter 2. Socio-economic and Demographic Characteristics of Respondents

2.1 Age Distribution

A total of 1100 women of 15-49 year age in Ambo town were planned and of which 1098(99.8%) were surveyed. Relatively majority of the women are in the young age group. About 67.6% (over six out of nine) of the samples are below the age of 30 years. The mean age of the surveyed women is 26.3 years.

2.2 Literary Statuses and Educational Attainment

About 754(68.7%) of the respondents attended school in the past and 241 (21.9%) are currently attending school. Of the total samples 103 (9.4%) have never attended school of any kind (Table 1). Over all, 999(90.8%) of the surveyed women are literate.
Of those which attended school 249(24.9%), 179(17.9%), 436(43.6%), 23(2.3%), 109(10.9%) 3(0.3%) attended primary, junior secondary, senior secondary, University /other higher education, Literacy program and non formal education respectively (Table1). The literacy status of the surveyed women is 58% (those who attended junior secondary, senior secondary or higher education).

2.3 Current Marital Status

About 543 (49.7%) of the respondents are currently married or living in cohabitation. And 408 (37.1%) have never married while 77 (7.0%), 8 (6.2%) are widowed and divorced respectively (Table 1).

2.4 Religion

About 885(80.5%) of respondents belong to Orthodox Christian religion, while 180 (16.4%) 21(1.9%), 9 (0.8%), 4 (0.4%) belong to the protestant Christian, Islam, traditional and catholic religion respectively (Table1).

2.5 Ethnicity

The ethnic composition of the respondents consists of Oromos, Amaharas, Gurage and Tigres 810 (73.7%), 221 (20.1%), 42(3.8%), 18 (1.6%) respectively (Table 1).

2.6 Age at First Marriage or Living with Male Partner

Information on age at first marriage or specific time of living with male partner was obtained by asking respondents how old they were when they first get married or started to live with a male partner. The majority of respondents were married or started to live with male partner before reaching eighteen years of age. Eleven out of 20 women married before the age of eighteen years 234(36.6%) and the lowest age of first marriage or living with male partner reported was seven year. The mean age of first marriage of the

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respondents is 17.3years while the median age of first marriage was 17 years. On the other hand 7(1%) of the respondents do not remember their age at first marriage or the time tney started to live with male partner (Table2).

2.7 Age at first Birth

About 640 (58.2%) of surveyed women reported to have given birth. The mean and median age at which the women first given birth was 19 years.

Early age of child bearing has a detrimental effect on the health of both mother and child. It also prolongs the reproductive span and promotes level of fertility. The Majority of 234(36.6 %)the respondents gave birth to their first child below the age of eighteen years. About 17(2.6%) had their first birth at the age of 15 years (Table3).

2.8 Employment outside home

Of the total sample respondents 281(25.6%) reported to work out side their houses while the rest 817 (74.4%) do work in doors (table1).

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Table 2. **Number and percentage distribution of respondents by age at first marriage or time of living with male partner, RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July 2001.**

S.No	Age at first marriage of responde	Number	Percent
1.	<15	111	16
2.	15-17	276	39.9
3.	18-19	126	18.2
4.	20-21	88	12.7
5.	22-24	53	7.6
6.	24-29	26	3.7
7.	>30	1	0..01
	Unknown	7	1
	Total	691	100

Table 3. **Number and percentage of respondents by age at the time of they first gave birth, RH/FP baseline survey Ambo town, west Shewa Zone, Oromia Region, July 2001.**

S.No	Age of respondent at the time of first birth	Number	Percent
1.	<15	17	2.6
2.	15-17	217	33.9
3.	20-21	121	18.9
4.	22-24	77	12
5.	25-29	49	7.6
6.	30	5	0.78
9.	Unknown	2	0.03
	Total	640	100

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Chapter 3. Fertility and Mortality

3.1 Current fertility

At the current fertility rate occurring one year before the survey time an average women in Ambo town according to this survey would have nearly 3 children during her reproductive years. On average women would have her first child when she is just 20 years and second child when 25 years and her third child at 30 and her forth child at 35 years. On average a women in ambo town would give birth to 6 children at the end of her reproductive years.

Table 4.1.. The number of children born, Age specific fertility rate for the last 12 months preceding the survey, total fertility rate, mean number of children ever born the a adjusted fertility rate and total number of women respondents, RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July, 2001., 2001.

Age group	Number of children born over the last 12 month	The reported age specific fertility rate	Total live born	Mean number of children ever born	The adjusted Fertility consistent with children ever born	Total Number of women
15-19	10	0.0293	30	.087	.0896	341
20-24	25	0.0132	295	1.113	.2509	189
25-29	24	0.1127	306	2.233	.2304	213
30-34	15	0.1416	382	3.603	.2942	106
35-39	6	0.0550	528	4.804	.1284	109
40-44	0.0	0.000	372	5.027	.0250	74
45-49	0.0	0.000	421	6.19	.0093	68
Total	**80**	**0.4708**	**2334**		**1.028**	**1098**
Total		**2.35**		**6.19**	**5.14**	

3.2 Adjusted Fertility Estimate

Total fertility rate (TFR) is the number of children a women would have by the end of her reproductive year if she experienced the current rate of child bearing at each age of her childbearing years assuming that she survived to the end of her reproductive age
Although the reported total fertility rate in this survey is 2.5 children per 1000 women, the adjusted fertility rate by estimated by application of Arriaga's approach (Mortpak) of age specific fertility rate 5.14 children per women. The cumulative fertility rate is from 15 -19 to at the end reproductive live (45-49) years is 6.2 children per women.

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3.3 Infants and Child Mortality

Of the 80 children born over the last 12 month 3 them were reported to have died which indicate crude infant mortality rate of 48.7 death per 1000 live birth. A total of three twins (two female and one male twins) are registered in this survey.

Infant Mortality Rate (IMR), Child Mortality Rate (CMR) and Under Five Mortality Rate (<5 MR) was calculated using indirect method. Qfive program was used to calculate rates using responses collected for both age on children ever born and deaths. Estimated rates for United Nation Model (Coale-Demney West Model life) indicate gradual decrement in infant mortality. The IMR has decreased from 91per 1000 live birth in 1975 to 62 per 1000 live birth in 2002, the under five mortality also decreased from128 per 1000 live birth in 1975 to 78 per 1000 live birth in 2002 and child mortality decrement from 34 per 1000 live birth in 1975 to 17 per 1000 live birth in 2002(Table 4.2).

Table 4.2. An indirect estimation of infant mortality rate (IMR) using Coale-Demney West Model life table, RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July, 2001.

Reference month	Period	Estimated IMR	Under five	Child mortality
March	2002	62	78	17
July	1999	46	54	9
July	1994	47	56	9
April	1988	59	73	15
May	1981	50	60	11
February	1975	91	128	40
March	1971	85	117	34

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Chapter 4. Contraception Knowledge, Attitude And Practice

4.1 Knowledge of Fertility Regulation

About 834 (76%) of the women reported to know some form of family planning method. Knowledge about family planning/fertility regulation methods was measured by asking directly a general question whether respondents have heard about the word of family planning methods. About eight out of every ten respondents (81.9 percent) have heard of family planning methods (Table 5).

Table 5.1. Number and percent distribution of respondents by knowledge about family planning methods, RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July, 2001., 2001.

		All women		Married women	
S.No	Ever heard of family planning	Number	Percent	Number	Percent
1.	Have heard of family planning methods	834	76	444	81.9
2.	Never heard of family planning methods	264	24.	98	18.0
	Total	**1098**	**100**	**543**	**100**

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4.2 Differentials in Knowledge of Fertility Regulation

There is statistically difference in knowledge of family planning among the different education statuses and work place. Those who attended school in past have higher level of knowledge than those who are attending school currently and FP knowledge least in those who never attended school (x^2 =38.12,p=0.00000001). Those who work outside know FP method more than those who work indoors {(odds ratio=1.45,OR 95%CI (1.02,2.07)}. The age groups 25-40 years have higher knowledge while age group under 25 and over 40 years have low knowledge of family planning (x^2=17.49,p=0.007). With regard to religion family planning knowledge was lowest among the traditional believers (x^2=11.45,p=0.04). There is no statistical difference in knowledge of FP among different ethnic groups.

4.3 Knowledge of Specific Contraceptive Methods

To assess the FP knowledge level, interviewees were evaluated if they could spontaneously tell (without being prompted) specific FP method or know after being prompted. The most known modern family planning method is pills, by 991 (90.1%) and injectables 855(77.7%)of the respondents respectively. The least known modern contraceptive is vasectomy which only known by 207 (18.8%) of the women interviewed. The most known traditional family planning method is calendar day (safe period method) by 626 (56.9%) of the surveyed women. The unprompted knowledge for traditional method is also low for example safe period is known only by 160 (14.6%) of the women (Table 6). The knowledge of specific contraceptives is only high for pills 992(90.1%) and injectables 855(77.7%) and low for others modern contraceptives like 486(44.2%) for tubal ligation, vasectomy in 207(18.8%), foam tablets250 (22.8%), IUD in 472 (43.3%), Norplant in 639(58.2%) of the respondents respectively. The respondents' knowledge about traditional family planning methods is also low. The most known traditional methods are calendar or safe period in 626 (56.9%), withdrawal in 223(20.3%), sexual abstinence in467(42.4%), and post coital douche in 134 (12.1%) of the respondents (table 6).

The knowledge of family planning among married women is high. About 444 (81.7%) of married women reported to know some form of family planning method. The most commonly known FP method is pill in 488 (89.2%) and injectables in 478 (87.5%) of the respondents. The knowledge about condom is high and 414 (75.6%)of the married women know it. The most known traditional method among the married women is safe period or calendar days in 347 (63.4%) of the respondents.

CCRDA

Table 6. The number and percentage of spontaneous unprompted, prompted and general Knowledge of respondents, RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July 2001.

Method	**Knows spontaneously**	**Knows after prompting**	**Total knowledge**	**Does not know**	**Total number of women**
	Number %	Number %	Number %	Number %	Number %
Pill	728 (66.3)	203(18.5)	991 (90.1)	167(15.3)	1098 (100)
IUD	132 (12.1)	339(31.1)	472 (43.3)	618(56.7)	108[9a] 100)
Inject able	512(46.6)	343 (31.2)	855 (77.7)	242(22.2)	1097[b] (100)
Condom	188(17.1)	615(56)	803(73)	295(26.8)	1097[b] (100)
Foam tablets	47 (4.3)	200(18.3)	250 (22.8)	848(77.4)	1093[c] (100)
Tubal legation	54 (4.9)	431(39.4)	486 (44.2)	613 (55.8)	1098(100)
Vasectomy	20(1.8)	186(16.7)	207 (18.8)	893(81.4)	1096[d](100)
Norplant	152 (13.9)	486(44.4)	639 (58.2)	457 (41.7)	1095[e] (100)
Natural method	160 (14.6)	466 (42.5)	626 (56.9)	471(42.9.0)	1097[b] (100)
Traditional	4 (0.4)	34(3.1)	5 (0.5)	1060 (96.5)	1098(100)
Abstinence	73 (6.6)	395(36)	467 (42.4)	630(57.4)	1098(100)
Withdrawal	14 (1.3)	209 (19.1)	223 (20.3)	872(79.6)	1095[e](100)
Post coital douche	12 (1.1)	120(10.9)	134 (12.1)	966(88.0)	1098(100)
Others	8 (0.7)	1(0.1%)	9 (0.81)	1089(99.2)	1098(100)
Total					1098(100)

a ten missing data
b one missing data
c five missing data
d two missing data
e, three missing data

CCRDA

Table 7. The number and percentage of ever and current contraceptive use by respondents, RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July 2001.

	Practice of contraceptive method		
Method	Ever use	Current use	Total
	Number %	Number %	Number women %
Pill	226 (20.5)	63(5.7)	1098 (100)
IUD	19 (1.7)	1 (0.09)	10989[a](100)
Inject able	214(19.5)	144 (13.1)	1097[b](100)
Condom	15 (1.4)	5. (0.45)	1097[b] (100)
Foam tablets	1 (0.04)	0 (0)	1093[c] (100)
Tubal legation	11 (1)	11(1)	1098(100)
Vasectomy	0	0	1096[c] (100)
Norplant	23 (2.11)	11 (1)	1095[d] (100)
Natural method	72(6.5)	36 (3.3)	1097[b] (100)
Traditional	0	0 (0.0)	1098(100)
Abstinence	15(1.3)	1 (0.09)	1098(100)
Withdrawal	8(0.7)	1 (0.09)	1095[e](100)
Post coital douche	4(0.4)	0 (0)	1098(100)
Others	3(0.02)	0 (0)	1098(100)
All methods	390(35.5)	274(24.9)	1098(100)

a ten missing data
b one missing data
c five missing data
d two missing data
e, three missing data

CCRDA

4.4 Ever Use of Contraception

About 390 (35.5%) of surveyed women reported to have ever used some form of contraceptive (table 7). And 329 (60.5%) of married women reported to have ever used some form of FP method.

4.5 Current Use of Contraception

Of all women surveyed 274 (24.9%) reported that they currently using some form of contraceptives. About one in four surveyed women is currently using family planning (table 7).

Of the total 274 women currently using contraceptives injectable are used in 144 (52.7%), pills in 63 (23.1%) safe period or calendar days are used by 36 (13.2%). About 11(1%) of surveyed women are using permanent contraceptive method and 23(2%)are currently using long-term contraceptive method such as Norplant. Condom use among

surveyed women is very low only 5(1.8%) of total and 3(1.2%) of married women are using it (table8).

A total of 246 (45.3%) of married women are currently using some form of family planning method. The most FP methods currently in use by married women are injectable in 132 (52.6%), and pills 60 (23.9%) and safe period in 32 (12.7%) (Table9).

Table 8. The number and percentage of respondents currently using and not using contraceptives, RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July 2001.

Age group	Current using FP method		Currently not used FP method		Total women
	Number	%	Number	%	
15 – 19	10	2.9	329	97.1	339
20 – 24	88	46.6	101	53.4	189
25 – 29	66	31	147	69.0	213
30 – 34	47	44.3	59	55.7	106
35 – 39	47	43.1	62	56.8	109
40 – 44	11	14.9	63	85.1	74
45 - 49	5	7.3	63	92.6	68
All	**274**	**24.9**	**824**	**75.0**	**1098**

Table 9. The number and percentage contraceptive method currently in use by all women and currently married women, RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July 2001

	All women currently using FP		Married women currently using FP	
Method	Number	%	Number	%
Injection	144	52.7	134	52.8
Pills	63	23.1	60	23.6
Calendar method	36	13.2	33	13
Tubal legation	11	4.0	10	3.9
Norplant	11	4.0	10	3.9
Condom	5	1.8	3	1.2
IUD	1	0.4	1	0.4
Others				
Abstinence	1	0.4	1	0.4
Withdrawal	1	0.4	1	0.4
Traditional	1	0.4	1	0.4
Total	**273***	**100**	**254**	**100**

****One missing data**

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4.6 Differentials in Use of Family Planning

The age groups of 20 – 24 are the highest (46.6%)current users while the age group between 15-to19 years is the least users (3%). In general about one in every four women 15-49 years age in Ambo town are currently using family planning methods. The current contraceptive use among married or those who live male partner is 45.3%. The is no statistical difference in current use FP method with respect to education and literacy status, with working place, religious & ethnic group.

Among the married the age group 20-39 years is the highest contraceptive user while lowest in 15-19 and over 40 years of age (table 10).

Table 10. The number and percentage married women who are currently using and not using by age group, RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July 2001

Age group	Married women current using FP method		Married women Currently not Using FP		Total married women
	Number	%	Number	%	
15 – 19	8	25.8	23	74.2	31
20 – 24	48	45.7	57	54.3	105
25 – 29	89	55.3	72	44.7	161
30 – 34	45	54.9	37	45.1	82
35 – 39	42	50.6	41	49.4	83
40 – 44	10	22.2	35	77.8	45
45 - 49	4	11.1	32	88.9	36
All	246	45.3	297	54.7	543

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4.7 Duration of Use of Contraceptive currently used

About 56 (20.9%), 69 (25.7%), 49 (18.3%), 36 (13.4%), 21 (7.8%), 13(4.9%) and 24(9.0%) of the current users have been using the method for 6 month, 7-12 month, 13-23 months, 3,4,5 and 6 years respectively (Table11). The mean duration family planning use is 24 months.

Table11. The number and percentage duration of family planning method in use by respondents, RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July 2001

Duration FP use (In month)	Number	%
0 – 6	56	20.9
7 – 12	69	25.2
13 – 24	49	18.3
25 – 36	36	13.4
37 – 48	21	7.8
49 – 60	13	4.9
> 60	24	9.0
Total	**268***	**100**

***Excluding 6 missing data**

4.8 Source of Supply of Contraceptive currently used

For about 227 (83.8%) of the current users, the source of family planning method is government health institutions while private clinics, NGO clinic, and private pharmacies are source of supply for 9 (3.3%), 2 (0.7%), and 2 (0.7%) currently users respectively (Table 12).

Table 12. The number and percentage of supply source for family planning for respondents, RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July 2001

Supply source	Number	%
Government health institution	227	83.8
Don't consult	31	11.4
Private clinic	9	3.3
NGO health institution	2	0.7
Private pharmacy	2	0.7
Total	**271*****	**100**

***3missing data

4.9 Method Choice for Contraceptive Currently used

One of the indicators of quality of service of family planning is method choice. The right of client in choosing the method he/she wants at a particular time. Of the total 273 women currently using FP 178 (65.2%) reported to have chosen the method by themselves and 59(21.6%) reported that they chose the methods jointly with their husbands. About 25(9.2%) of the users reported that the method was chosen for them by health professionals (Table 12).

CCRDA

Table 13. The number and percentage of person who choose family planning method for respondents, RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July 2001

Person who choose	Number	%
Her self	178	65.2
Jointly by herself & her husband	59	21.6
The health worker	25	9.2
Her husband	8	2.9
Relatives	1	0.4
Others	2	0.7
Total	273****	100

****one missing data

4.10 Type of contraceptive used last and reasons for discontinuing

The type of contraceptives used last are pills, injectable, calendar day, IUD, Norplant and breast feeding in 64(55.5%), 32(27.6%), 14(12.1%), 3 (2.6%), (2(1.7%)and 1(0.9%) respectively (table 14). The common reasons for discontinuation of family Planning method are sexual abstinence due to divorce or death of husbands 39 (34.5%), desire for pregnancy36 (31.9) and side effect of the drugs 19 (15.9%) (Table 15).

Table 14. The number and percentage of family planning methods that was lastly used by respondents, RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July 2001

Last used method	Number	%
Pill	64	55.2
Injection	32	27.6
Calendar days	14	12.1
IUD	2	1.7
Norplant	3	2.6
Traditional Breast feeding	1	0.9
Total	**116**	**100**

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Table 15. The number and percentage of reasons for discontinuing FP use by respondents, RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July 2001

Reason for discontinuation	Number	Percent
Want to be pregnant	36	31.9
Divorce or sexual abstinence	39	34.5
Because of side effect	18	15.9
Difficult to use the method	8	7.1
Others	12	10.6
Total	113	100

CCRDA

Chapter 5. Fertility Desires and Intention to Use Contraception

5.1 Desire for more children

Of the total 1098 surveyed women 543 are married at the time of the survey. Of 432 fertile non-pregnant women interviewed during the survey, 295 (68.3%) them reported that they wanted more children. On other hand, 130 (30.1%) respondents reported that they don't want any more children. About 7 (1.6%) reported to have not decided (Table 16).

Of the 281 mother who reported to have given birth before the survey date, about 69 (24.6%), 79(28.1%) 16,5.7%), 9(3.2%) desired to have 1,2,4 and 3 children respectively About 105 (37.4%) respondents have not decided on desired number of children (table 17).
Over all out of 318 married women interviewed 70 (22%), 88(27.6%) and 13 (4%) and 22 (6.9%) desired to have one, two, three, four children respectively. Although 65(12.2%) out of the total 543 married reported to be infecund , primary infertility over the age of 35 years is only 12((2.2%).

Table 16. The number and percentage respondents desire for children by age group of respondents RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July 2001

Desire for children	Age group							
	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	Total
Want more children	22 91.7%)	114 (0.8)	67 (71.2)	50(67.)	28(42.4)	11(57.8)	3(21.4)	295(8.2)
Want no more children	2 (8.3)	24 (17)	26(27.6)	23(31)	37(56)	8(42.1%)	10(71.4%)	130(30%)
Undecided	0 (0)	3 (2.1%)	1(1%)	1(1.3%)	1(1.5%)	0(0)	1(7.1%)	7(1.6%)
Total women	24(100%)	141(100)	94(100)	74(100)	66(100)	19(100)	14(100)	432(100)

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Table 17. The number and percentage of respondents desired the ideal number of children, RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July 2001

Number of children desired	By mother who ever given birth	By mothers who never given birth	Total
1	69 (24.6)	1 (2.7)	70 (22)
2	79 (28.1)	9 (24.3)	88 (27.6)
3	9 (3.2)	4 (10.8)	13 (4)
4	16 (5.7)	6 (16.2)	22 (6.9)
5	1	-	1 (0.3)
6	1	2 (5.4)	3 (0.9)
10	1	-	1 (0.3)
have not decided	105 (37.4)	15 (40)	120 (37.7)
Total	281 (100%)	37 (100%)	318 (100)

5.2 Unmet Need for Contraception

The general unmet need for family planning in this survey is 31.8%(table16) while the unmet family planning need for married women in 29.6%.

Table 18. Summary of general met and unmet FP need of respondents, RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July 2001

Group	N
All women	1098(100%)
Pregnant	35
In fecund (sterility,....)	65
Total non pregnant fecund	998
Desire for more children	295
Current contraceptives user	274
Abstaining from sex	111
At risk of unwanted pregnancy	318(31.8)

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5.3 Intention to Use Contraception in the Future

Of the total 710 women who have never used family planning method 281 (39.7%)indicated that they have intention to use family planning in the future. The contraceptive methods preferred in the future are injectable in 125 (45%) and pills in 60 (21.3%) (Table 19,20,21). About of 246 (87.9%) of mothers who planned to use FP method in the future know the source of family planning.
Out of 221 married women who never used family planning method 64 (29%) indicated that have intention to use FP in future. Method preferred for future use are injectable127 (45.2% and pills 65 (21%)(Table21) .

Table 19. The number and percentage of future intention to use family planning by respondents, RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July, 2001

No	Future intention	Number	%	Total women
ALL WOMEN	Want to use FP in the future Yes No	281 427	39.7 60.3	708 708
	Know the source of Family planning method? Yes No	246 34	87.9 12.2	279 279
ALL MARRIED WOMEN	Want to use FP in the future? Yes No	62 151	29.1 70.8	213 213

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Table 20. The number and percentage respondents who have plan to use FP and the methods preferred, RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July 2001

Status	Number	%
Want to use FP method in future (N=710)	282	39.7
FP method planned to be used (N=282)		
Injection	127	45.2
Pill	65	21.0
Calendar days	35	12.5
Norplant	12	4.3
Sexual abstinence	3	1.1
Condom	2	0.7
tubal legation	2	0.7
Foam	1	0.4
Undecided	39	13.9
Know the source FP method (N=280) yes	246	82.9
Total	281	150

Table 21. The number and percentage respondents who have plan to use FP and the methods preferred, RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July 2001

	For all women		For all married women	
FP method preferred for future uses	Number	%	Number	%
Inject able	127	45	39	60.9
Pills	60	21.3	17	26.6
Safe period calendar days	35	12.4	3	4.7
Norplant	12	4.3	1	1.6
Others	8	3.1	1	1.6
Have not decided	39	13.8	3	4.7
Total	**281**	**150**	**64**	**100**

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5.4. Reason for non use of contraception

The most common reasons for not using Family Planning is sexual abstinence, religious reasons. Lack of knowledge about family planning was mentioned only by 10 percent of respondents while health concern by 21(8.6%) , opposition to family planning has been mentioned by 2.8% of the respondents (Table 22).

Table22. The number and percentage of reason of not using family planning among the respondents, RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July, 2001

		For all women		For all married women	
No	Reason for not using FP	Number	%	Number	%
1	Sexual abstinence	111	26.0	-	-
2	Want to accept what god bring	62	14.5	30	20.1
3	Sterility	49	11.5	30	20.1
4	Religion prohibition	46	10.7	9	6
5	Lack knowledge about FP method	41	9.6	16	10.7
6	Want to be pregnant	37	8.6	32	21.5
7	Health concern	21	8.6	15	10.1
8	Oppose family planning	12	2.8	6	4
9	Because of illness	7	1.6	-	-
10	Do not know	2	0.469	-	-
11	Difficult to get the method	3 (0.7)	0.704	1	0.7
12	Difficult use the method	4 (0.7)	0.938	1	0.7
13	Are not sure of the reason	30	7.0	8	5.4
14	Husband opposite it	1(0.2)	0.234	1	0.7
	Total	426	100	149	100

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5.5 Attitude towards contraception

Husbands/partners Knowledge and approval of contraceptive currently used by wives or partner

About 244 (89.4%) of the current users reported that their husbands know their use of family planning method. And 234 (95.9%)of them reported that their husbands approves their use of family planning.

Chapter 6. Maternal and Child Health Care

6.1 Antenatal care

Of the 80 mothers who reported to have given live birth over the last 12 month, the majority 70(87.5%) did attend Antenatal care during the last pregnancy that was attended by health professionals 68(97.1%) (Table 23). Majority of the mothers 33 (47.1%) first attended ANC when they were 4 month pregnant. About less than 40% of mothers attended ANC 5 five times during their last pregnancy. Out of 1098 women interviewed during survey 35(3.2%) them reported to be pregnant.

Table 23. The number and percentage of infant born, ANC attendance and service providers, place of delivery and birth attendants and the survival of infant born over last 12 month among the respondents, RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July, 2001

Maternal health status	Number	Percent	Total women
Children born alive over the last 12 month	80	7.3	1098
Children born:			
Male new born	44	55.0	80
Female new born	46	57.5	80
Attended ANC during their last pregnancy:	70	87.5	80
ANC provided			
Health worker	68	97.1	70
TBA	1	1.4	70
Other	1	1.4	
Place of last delivery			
Home	35	43.8	80
Health institution	45	56.3	80
Who attended last delivery			
Nurse	26	33.3	78
Health assistant	14	12.9	78
Physician	6	7.7	78
Trained TBA	10	12.8	78
Untrained TBA	12	15.4	78
Other	10	12.8	78
Is the last born child alive			
Yes	75	96.2	78
No	3	3.8	78

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6.2 Total Pregnancy and Pregnancy Outcome

Out of the total 2419 pregnancies registered in the surveyed women 2334 (96.4%) ended with live birth, while 29 (1.2%), 48(2%), 8(0.3%) terminated with still birth, miscarriage and abortion respectively (Table 24).

Table 24. The number and percentage of outcome of pregnancies of respondents, RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July 2001

Outcome of Pregnancies	Number	Percent
Total pregnancies	2419	100
Live birth	2334	96.4
Still birth	29	1.2
Miscarriage	48	1.9
Abortion	8	0.3

6.3 Place of Delivery and Types of Assistance During Delivery

Over fifty percent (56.3%) mothers delivered at health facility while the rest did at home (Table 23). Majority of the delivery were attended by health professional 46(57.5%) while (16.3%), 10(12.5%) were attended by TBA & TTBAs respectively (Table23).

6.4 Termination of pregnancy and other pregnancy related practices

Of the surveyed samples, 132 (28.9%) reported to know other women who aborted (Table25). However, only 8 (6%) of women interviewed during the survey admitted to have committed abortion.

Of the total 56 women who experienced abortion or miscarriage only 34 (61.8%) of them sought treatment. About 29(85.3%) abortion or miscarriage cases sought treatment from the government health institutions while 3 (8.8%) 2(5.9%) of them gone to private and NGO health institution respectively (Table25).

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Table 25. The number and percentage of miscarriage, knowledge and practice of abortion, place where treatment was sought by respondents, RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July 2001

No.	The statues of women	No	%	Total women
1	Women who experienced miscarriage	48	4.8	1099
2	Know about abortion	457	41.5	1098
3	Know other women who have aborted	133	28.9	457
4	Interviewed women who admitted to have committed abortion	8	6	133
5	Women who ever experienced miscarriage or abortion	56	5.1	1098
6	Women who sought treatment after ever experienced miscarriage or abortion	34	61.8	55
7	Place where treatment was bought for abortion/ miscarriage			34
	Government health facilities	29	85.3	
	Private	3	8.81	
	NGO	2	5.9	

6.5 Child Health Services

Of the 1098 women interviewed only 62 women reported to have children of 12-24 month of age. About 52 mothers out of 62 have been shown the vaccination card of their children.

The BCG, DPT1, DPT2, DPT3 and measles vaccination coverage of surveyed children is 51(82.2%), 51(82%), 49 (79%), 46(74.1%) and 46(74.1%) respectively. About 46(74%) of children of surveyed women have completed fully their vaccination (Table 26).
Reasons for not vaccinating children are children and mothers being sick on vaccination day.

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Table 26. The number and percentage of children between 12-24 months and Vaccination status of children of respondents, RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July 2001

Vaccination status:	**Number**	**%**	**Total women**
Children 12 – 24 month	62	5.6	1098
Mother shown EPI card	51	82.3	62
BCG received	51	82.2	62
DPT1 received	51	82	62
DPT2 received	49	79	62
DPT 3received	49	79	62
Measles vaccination	46	74.1	62
Vaccinated fully	46	74	62
Reason for not fully vaccinating:			
The child has not reached nine Month of Measles vaccination	2		5
Mother was too sick to bring the Child on the vaccination date	2		5
The child was too sick on Vaccination date to brought to the Clinic	1		5
Mother for got to vaccinate the child	1		5

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Table 27. The number of children living, not living, dead and total live born, stillborn, miscarriage and abortion by age groups of respondents RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July, 2001

Age	Children living with mother		Children not living with mother		Children dead		Total live born	Still birth	Spontaneous abortion	Abortion
	Male (N22)	Female (N23)	Male (N25)	Female (N26)	Male (N28)	Female (N29)				
15 _ 19	17	10	1	1	1	0	30	2	0	0
20 _ 24	135	127	12	10	13	3	295	2	7	1
25 - 29	117	131	12	14	14	9	306	2	3	4
30 - 34	159	142	25	16	23	16	382	5	9	0
35 - 39	178	221	37	35	27	27	528	7	10	2
40 - 44	102	112	43	47	45	25	572	6	12	1
45 - 49	103	109	58	63	39	39	421	5	7	0
Total	811	852	188	186	162	119	2334	29	48	8

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Chapter 7. Knowledge of HIV/AIDS

7.1 Awareness of HIV/AIDS

About 1033 (94%) of all surveyed women reported to have heard of HIV/AIDS. About 496 (48.0%) of the women also reported that they knew person with HIV/AIDS. Of the total 514 (49.9%) of the women reported to know persons who died of AIDS (Table 28).

Table 28. The number and percentage of Knowledge of respondents about HIV/AIDS ,RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July 2001

No		Yes	No	
1	Heard of HIV/AIDS	1031(93.4%),	66 (6.)	1097(100%)
2	Do you know a person who has been caught by HIV/AIDS	494 (47.9%)	537(52.1%)	1031(100%)
3	Do you know person who died of AIDS	513(49.9))	515(50%)	1028 (100)

7.2 Awareness on means of transmission.

Knowledge of about mode of transmission HIV/AIDS was evaluated if respondents were able to list the five common mode: sexual intercourse, mother to baby transmission by trans placental route, by using unclean syringes and needles and razor, by infected blood, and by circumcision and tonsillectomy.

Of all surveyed respondents about 438(42.4%), 242(23.4%),175(16.9%),51(4.9%) and 8(0.8%) know two routes, three routes, one route, four routes and five routes of HIV/AIDS transmission respectively(table29%). Of the total 1031 respondents only 8(0.8%) know all five common routes of HIV/AIDS transmission.

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Table 29. The number and percentage of knowledge of respondents about HIV/AIDS transmission,. RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July 2001

	Routes of transmission of HIV/AIDS known by the respondents	Knowledge of mode of transmission	Number	%
1	Know Two routes	Sexual intercourse + injection with used sharp items (syringes and needles)	411	(39.8 %)
2	Know three routes	Sexual intercourse +injection + infected blood	176	(17%)
3	Know only one routes	Sexual inter course	175	(17.0%)
4	Know three routes	Sexual intercourse+ injection, mother to fetus by trans placental	66	(6.4%)
5	Know four routes	Sexual intercourse + mother to fetus + injection + using sharp instrument	51	(4.9%)
6	Don not know any route	Don't know	37	(3.6%)
7	Know Two routes	Sexual intercourse + infected blood	28	(2.7%)
8	All five common routes	Sexual intercourse+ injection with used sharp items (syringes and needles)+ infected blood+ mother to fetus by trans placental+ circumcision	8	0.8
		Others	69	(6.67%)
		Total	1031	100%

7.3 Knowledge of HIV/AIDS prevention

Knowledge of about means of preventing oneself from HIV/AIDS was evaluated if respondents were able to list the five common means of prevention of HIV/AIDS transmission: Absolute abstinence from sex avoiding premarital sex, limiting the number of sexual partner, using condom and sterilizing syringes and needles and razors.

Of the 1031 respondents about 341(33%), 301(29%), 36(3.5%), 25(2.4%) know one way, two ways, three ways, and five ways of avoiding HIV/AIDS transmission respectively (table30).

Of the total 1031 respondents only 25(2.4%) knows the five ways of HIV/AIDS prevention methods (table30).

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Table 30. The number and percentage of knowledge of respondents about means of protecting one self from HIV/AIDS, RH/FP baseline survey Ambo town, West Shewa Zone, Oromia Region, July, 2001

No	Number of ways of preventing HIV/AIDS known by respondents	Knowledge about means of protecting one self from HIV/AIDS	Number	%
1	Know only one means	Limiting the number of sexual partner	255	(24.8)
2	Know two means	Limiting the number of sexual partner + sterilizing strap item like razor injection	215	(20.9)
3	Know two means	Avoiding premarital sex + limiting the number of sexual partner	49	4.8%
4	Don't know any means	Don't know	41	4.1%
5	Know three means	Avoiding pre-marital sex + limiting the number of sexual partner + sterilizing sharp instrument razors	35	3.5%
6	Know two means	Avoiding premarital sex & sterilizing sharp instrument	37	(3.6%)
7	Know only one means	Avoiding premarital sex	35	3.4%
8	Know only one means	Sterilizing razor, sharp instrument	32	3.1%
9	Know only one means	Condom use	19	1.8%
10	All five common means	Absolute sexual abstinence+ Avoiding premarital sex+ Limiting the number of sexual partner + sterilizing strap item like razor injection + using condom	25	2.4%
		Others	297	28.8
		Total	1031	100%

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Chapter 8: Discussion, conclusion and recommendations

This is the first comprehensive RH/FP survey of its kind in Ambo town that has collected important benchmark indicators for MSI RH/FP project in Ambo town.
Of the total 1100 women planned, 1098(99.8%)l are surveyed. The mean age of respondents is 26.3 years. And their median age is 25 years.

About 56% of women married before eighteen years. On the Other hand about 111(16%) of the women married before the reaching fifteen years. The mean age of first marriage in this study is 17.3 years while the median is 17. The median year of first marriage in this study (17 year) is less than the 17.8 median year of first marriage of women of 20-49 years in the urban areas nationally. The finding in this study indicates that early marriage is common in ambo town. In general the survey finding show that early child bearing is so common in the ambo town.

About 60.2% of mothers reported to have first given birth when they were less than 20 years. The mean and median years at which the surveyed women first gave birth is 19. The median age of first birth this survey (19) is less than the 20 years age of first birth in urban areas at national level and specifically21.7, 21.4 years for Addis Ababa and Dire Dawa respectively in DHS 2000 report.

The high prevalence of early marriage and early childbearing among the surveyed women indicate the existence of harmful traditional practice in the town.
The literacy status of the surveyed women is 58% (those who attended junior secondary, senior secondary or higher education). The 58% literacy rate in this survey is similar to the 57.7% among surveyed women in urban area and is less than 68% for Addis Ababa but higher than 38.4% and 49.8 literacy among surveyed women in Harari & Dire Dawa town in the recent DHS 2000 respectively. The literacy status is the one that affect the women behavior of using health service like delivery care and family planning service for fertility regulation.

At the current fertility rate occurring one year before the survey time an average women in Ambo town would have nearly 3 children during her reproductive years. An average women would have her first child when she is just 20 years and second child when 25 years and her third child at 30 and her forth child at 35 years. On average a women in ambo town would give birth to 6.2 children at the end of her reproductive years. Although the reported total fertility rate in this survey is 2.5 children per 1000 women, the adjusted total fertility rate estimated by application of Arriaga's approaches (Mortpak software) is 5.14 children per women. The total fertility rate in found in this study higher than the 3.3 TFR reported for urban area in general in the DSH 2000 and much higher than that of 1.9 TFR in Addis Ababa in particular. The high early marriage and early childbearing status among the married women contribute the high fertility. The cumulative fertility from 15-49 among the surveyed women is 6.19 children per women.

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A lot of efforts have to be made during the project implementation to reduce the high total fertility rate.

About 76% of all surveyed women know some kind of family planning method. This is slightly lower than the 81.5% reported in DSH 2000. Three out of four interviewed women have heard about family planning. The most known family planning method is pill, nine of ten women reported to know it. And three out of four women have heard about injectables.

The knowledge about other methods is variable; about seven out of ten, four out of nine, four out of nine and six out of eleven interviewed women reported to have heard about condom, loops, tubal legation and Norplant respectively. The most known traditional method is natural method (safe period or calendar day). About five out of ten women interviewed know it. The knowledge family planning method among married women 81.2% in this survey is lower than 98.1%, 99.2%, 94.7% 92% reported in DSH 2000 for urban area, Addis Abeba, Dire Dawa and Harari region respectively. About eight out of ten married women have heard about some form of family planning method.The most known modern methods are pill by 89.2% and injectable 87.5 %. Close to nine out ten and eight out of ten married women interviewed knows pill and injectables respectively. About three out of four, five out ten, four out of nine, seven out of eleven married interviewed mothers know other modern contraceptives like condom, loops and tubal legation and Norplant respectively.

In general the unprompted knowledge about specific method contraceptive method is low except for pill and injectables. The knowledge for other specific contraceptives is low: 44.2% for tubal ligation, vasectomy in 8.8%, foam tablets in 22.8%), IUD in 43.3%, Norplant in 58.2%. The respondents' knowledge about traditional family planning methods is also low. The most known traditional methods are calendar or safe period in 56.9%7, withdrawal in 20.3%, sexual abstinence in42.9%, and post coital douche in 12.1% of the respondents. This needs a lot of information, education and communication activities on contraceptive methods to increase the specific family planning knowledge.
The ever-contraceptive use among all surveyed women is only 35.5%. This finding is much higher than the 13.4% ever use of contraceptive reported at national level in DSH 2000.

The current use of contraceptive is 24.9% for all methods. This finding is nearly four times higher than 5.9 % of current use reported in DHS 2000 for all women 15-49 age nationally About one out four women interviewed are currently using at least one form of contraceptive. The current modern contraceptive and traditional method use among all interviewed women is 21.3% and 3.5% respectively. About one out five interviewed women is currently using modern contraceptives. The most commonly used method is injectable by 13.3 % of the respondents and pill by 5.7% of the respondents. The 20-35 age groups are highest users while 15-19 and above 40 years age group are the lowest users. There is no statistical difference of contraceptive use among the different ethnic and religious groups.

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The contraceptive use among the married women is higher than those never married, divorced and women. The ever use of any contraceptives among the married women is as high as 60.3%.

The current contraceptive use among all married women during the survey is 45.3% of all methods. The current modern contraceptive and traditional method use among all married women is 39.8% and 6.5% respectively.
The current contraceptives use among the married women in this survey is 45.3 which similar to 45.2% current use for Addis Ababa reported by DHS 2000 but higher than the 35.6% current use for all urban areas in general and the 28.4% and 22% current use reported in DHS 2000 in particular for Dire Dawa, and Harari region respectively. The high literacy in this survey might be the reason for relatively better contraceptive prevalence rate found in the Ambo town.

More than four out of eleven married women respondents are currently using contraceptives. Again the most commonly used contraceptives among married women are injectable and pill. About 24.1% and 10.9% of all married women respondents in this survey are using injectables and pills respectively. This shows highest preference of client for injectable method and has great implication for service providers. About 1.6%, 1.8% and 0.18 % of the married women are using tubal legation, Norplant and loop respectively. About 5.8 percent of married women are using traditional method that is natural method (safe period). This is also similar to the 6.3 % of use of periodic abstinence among married urban women reported in DHS 2000.
Although knowledge about condom is high, the condom use is very low. Only 0.5% of married women are currently using condom. This finding is lower than the 2% condom use among the married women in urban town reported by DHS 2000

The low utilization of condom (0.4%) found among all women this survey is of high concern given the high HIV/AIDS epidemic situation in Ethiopia. This indicates that lot IEC activities have to be done during the project implementation to promote condom usage. Of those who discontinued contraceptives, 15.9% complained side effect of the drugs and this finding also indicate strong attention needed for vigorous counseling during provision of family planning service.

Women knowledge of choosing their contraceptives is high in this survey. About 90.8% contraceptive users have chosen the methods by themselves or jointly with their husbands /partners.

About 83.8%, of the current uses are getting their contraceptives supplies form public health institutions compared to the 71.8 % that is reported in DHS 2000.In this survey private clinics and NGO health institutions provide supply contraceptive for 3.3% and 0.7% the current users respectively.

Of the 215 married women who are nonusers of family planning 29.8 of the indicated their intention to use family planning in the future. The proportion of intention of future use of family planning in this survey is much lower the 46% intention of future use

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among non-users reported in the DSH 2000. The most preferred contraceptive in the future use is injectables and pilis by 60.9% and 26.6% of nonusers respectively. Of the 64 married which have plan to use to family planning method in future 85.7% know place where contraceptives are available.

Comprehensive Knowledge of why women do not want to use family planning is important for family planning program managers to improve contraceptive use rate. The most important reason for nonuse of family planning is the need to have children, the decision accept what God brings, religious prohibition, sterility, lack of awareness about family planning and health concern in 21.5%, 20.1%, 20.1%, 10.7% and 10.1 %nonusers respectively. This finding is also more or less similar to the DSH findings.
Although there is high literacy rate among the surveyed women religion still affect women willingness to use family planning and this show that other strategy than health institutions based IEC has to used to convince women to use family planning. Church, mosque or traditional leaders has to be involved in the promotion of family planning.

It has been reported by respondents that their husband or the partners know (89.4%) and approves (98.3%) the current contraceptive being used. This indicates husband positive attitude s toward the usage of family planning and is good ground for program managers toward promoting family planning usage rate.
One important indicator for family planning service manager is the level of unmet need for family planning among the given client community. The proportion of " do not want more children " response among the married women is one indicator of unmet need for family planning. About 29.6% of married respondent reported that they do not want more children, which indicates the status of unmet need for family planning in Ambo town.

About 30% of the currently married non-users family planning indicated their future intention to use family planning method. The 29.6% unmet need of family planning in this survey is higher than 25% 24.5% 19.2%unmet need of family planning among the all urban areas, DireDawa and Addis Abeba respectively reported in DHS 2000. The finding is similar to Harari region is reported in DHS 2000.
Although the contraceptives prevalence in this survey relatively appears higher than the CPR in DireDawa and Harari region reported in DHS 2000, the unmet need for family planning in this survey (30%) is higher than the 19%, 25% un met need for family planning for Addis Ababa and DireDewa respectively DHS 2000. This show that lot family planning service activities has to done in parallel to the IEC activities. And if the 29.6% unmet of family planning needs of married women is met, contraceptive prevalence in Ambo town could increases from the current 46% to 74.5%.
Out of the total 2419 pregnancies registered in the surveyed women 96.4% ended with live birth, while 1.2%, 2% 0.3% terminated with still birth, miscarriage and abortion respectively. This finding is lower than expected and may indicate under reporting due to recall biases.

About 3.5% of surveyed women were found pregnant at the time of this survey and which is lower than 6.1% pregnancy rate found during the DHS 2000 survey and the

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possible explanation low pregnancy rate could be the relative high CPR rate found in the survey.

About 87.5% of all mothers who gave birth to a child over the last 12 month had attended ANC. About 58.9% of women surveyed attended ANC provided by health professionals and this is lower than 66.6%, 83.1% ANC service by health professional in urban areas and Addis Ababa respectively. This finding in similar to 57.6% ANC service provided by health workers in Dire Dawa and higher than 50.2% in Harari region as reported in DHS 2000.

About 56.3% of children born over the last 12 month were delivered at health facilities, and this is higher that 31.5% of deliveries conducted in health facilities reported for urban areas in DHS 2000. The health institutional deliveries found in this study is much higher than 31.0% of Dire Dewa town and lower than the 66.9% deliveries conducted in Addis Ababa.

About 97.1% of deliveries conducted over the last 12 month were attended by health professional which is higher than 34.5% reported for urban areas, 33.5% in Dire Dawa, and 26.1% for Hareri region and even higher than 69.1% of Addis Abeba in DHS 2000.The high health institutional delivery may be explained by high literacy rate among the surveyed women than their counterparts in Dire Dawa and Harari region.

Out of 62 children of 12-24 months, 51 (82.3%) of them had vaccination card. Of those who had card (74.1%) had fully completed all their vaccination during the survey.
The vaccination coverage in this survey is higher than the 42% all vaccination coverage reported for urban area, 35.3% for Dire Dawa, 35.9% for Hareri region and equal to 73.8% for Addis Ababa is reported in DHS 2000. The possible reason for the high EPI coverage could be the high literacy rate among the mother respondents and successive EPI campaign over the last couple of years.

About 93.9% of respondents reported to have heard about HIV/AIDS that is similar to the 97.2%, 95.1%, and 91.9% HIV/AIDS awareness reported for urban areas, Dire Diwa and Harari region in DHS 2000 respectively.

Although the majority (93.9%) of respondents have heard of HIV/AIDS, only 8(0.8%) the respondents fully know all five common routes of HIV/AIDS transmission. Of the total 1031 respondents only 25(2.4%) knows the five common ways of avoiding HIV/AIDS. Use of condom as one way to avoid HIV/AIDS was mentioned only in 1.8% of the respondents. These indicate that the over all knowledge of the surveyed women is low. They are not fully aware of the many route of transmission of HIV/AIDS. The respondents also do not have complete knowledge of means of preventing HIV/AIDS. During project implementation emphasis has to be given on providing specific health education about route of transmission HIV/AIDS and different methods of preventing the disease.

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In conclusion, harmful traditional practices such early marriage and early childbearing is common among the surveyed women. The total fertility rate of the surveyed women is high. The general contraceptive knowledge of the surveyed women is high (only for pills and injectable) and low for other methods (Vasectomy, Form tablet, tubal legation, IUD, safe period, withdrawal and post coital douche). Although contraceptive use rate in this study is relatively high, the married women unmet need for family planning as high as 30%. The condom utilization among the surveyed women is very low. The injectabe contraceptive is the most preferred contraceptive method among the current users. The husbands' attitude toward their wives utilization of family planning is positive.
The antenatal care and health facility based delivery is high. The vaccination coverage of children of surveyed mothers is high.
The knowledge of respondents about different modes of HIV/AIDS transmission and means of preventing the disease is low.

RECOMMENDATIONS

1. Provide IEC on family planning in general and on specific contraceptives espe ially on condom, Norplant vasectomy, tubal legation and IUD.
2. Every effort should be made to meet the 29.6 % unmet need of family planning of married women.
3. The service provision should give high consideration in supply of injectable contraceptives & pills and other methods particularly condom.
4. Information on IEC on HIV/AIDS should be given especially on routes transmission & ways to prevent HIV/AIDS
5. Information (IEC) on harmful traditional practices should be given on prevention of early marriage and early childbearing.
6. Strengthen the EPI service
7. The service should be also being extended to peasant association surrounding the area survey in FP coverage of peasant association in Ambo woreda need to be done before hand.

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9. REFERENCES

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10. Annex I.

MARIE STOPES INTERNATIONAL ETHIOPIA
PACKARD FUNDED RH/FP PROJECTS, BASELINE SURVEY
JUNE 2001

SECTION 1 : AREA IDENTIFICATION

1. REGION _____ 2. TOWN _____ 3. KEBELE
1. NAME OF HEAD OF THE SELECTED HOUSEHOLE _____
2. NAME OF WOMAN _____
3. NAME OF INTERVIEWER _____ SIGNATURE _____ DATE _____
4. NAME OF SUPERVISOR _____ SIGNATURE _____ DATE _____

8. INTERVIEW CALLS	1	2	3	FINAL VISIT
5. DATE 6.				☐☐ ☐☐ MONTH YEAR
10. INTERVIEWER'S NAME				
11. SIGNATURE				
12. RESULT *				
13. NEXT VISIT DATE TIME	_____ _____			

_____

- RESULT CODES

1. CINOKETED
2. NO COMPETNET RESPONDENT AT HOME
3. POSTPONED/DEFERRED
4. PARTLY COMPLETED
5. REFUSED
6. DWELLING VACANT
7. DWELLING DESTROYED/NOT FOUND
8. OTHERS _____
(SPECIFY)

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SECTION 2: RESPONDENTS BACKGROUND

NO	QUESTIONS AND FILTERS	CODING CATEGORY	SKIP
201	How old were you at your last birthday? ☐☐	Age in completed years.....	
202	Are you currently attending or have you ever attended any school programmes formal, adult literacy programme, religious or other non formal education?	Currently attending.....1 Attended in the past.. 2 Never attended 3	204
203	What (is the highest grade/ level of school you completed ☐☐	Grade completed University/Other higher education ..... 13 Literacy programme 14 Other non formal..... 15	
204	What ethnic group do you belong to ?	Amhara..... 1 Oromo ..... 2 Tigre ..... 3 Gurage ..... 4 Other/ specify 5	
205	What is your religion?	Orthodox..... 1 Protestant ..... 2 Catholic ..... 3 Muslim/Islam ..... 4 Animist/Traditional religion..... 5 Other religion..... 6	
206	What is our marital status?	Never married ..... 1 Living with a man/ partner ..... 2 Currently married .... 3 Widowed ..... 4 Divorced/separated ... 5	208
207	How old were you when you get married for the first time?	Year /DK-98/ _____	
208	Are you presently working outside home?	Yes ..... 1 No 2	

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SECTION 3: LIVE BIRTH HISTORY

NO	QUESTIONS AND FILTERS	CODING CATEGORY	SKIP
301	Now I would like to get a complete record of all the births that you have had during your life. Have you ever given birth to a baby born alive?	Yes..... 1 No 2	307
302	How old were the first time you gave birth/had a child?	Age ..... Can't remember. 98	
303	Do you have any dons or daughters you have given birth to who are now living with you?	Yes ..... 1 No 2	305
304	How many sons live with you? How many daughters live with you? Interviewer: If no in question 302 enter "00"	Sons at home ☐☐ Daughters at home	
305	Do you have any sons or daughters you have given birth to who are alive but who do not live with you?	Yes ..... 1 No 2	307
306	How many sons are alive but do not live with you? How many daughters are alive but do not live with you?	Sons elsewhere ☐☐ Daughters elsewhere	
307	Have you given birth to a boy or a girl who was born alive but latter died? INTERVIEWER: If NO PROBE: Any (other) boy or girl who cried or showed any sign of life but only survived a few hours, or day.	Yes ..... 1 No 2	309
308	How many sons have died? How many daughters have died? INTERVIEWR: IF NONE ENTER "00"	Sons dead ☐☐ Daughters dead	
309	INTERVIEWER: sum answers to Q303, Q305.Q307, and enter total	Total ☐☐	
310	INTERVIEWER: CHECK Q 308 Just to make sure that I have this right, you have had in total _____ live births during your life. Is this correct? Yes ☐ No ☐ (Probe and correct Q301 –309 as necessary)		

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NO	QUESTIONS AND FILTERS	CODING CATEGORY	SKIP
311	Did you have a live a live birth during the last 12 months?	Yes ..... 1 No 2	320
312	If you were have live birth during the last 12 months How many sons? How many are daughters ?	Sons ☐☐ Daughters	
313	Did you see anyone for antenatal care for this pregnancy?	Yes..... ☐☐ 1 No 2	317
314	Whom did you see?	Health Professional ..... 1 Trained Traditional birth Attendant ..... 2 Untrained Traditional birth attendant ..... 3 Other (Specify) 4	
315	How many are this pregnant were you when Your first received antenatal care for this pregnancy?	Months ..... Don't know 98	
316	How many times did you receive antenatal care during this pregnancy?	No. of times..... Don't know 98	
317	Where was the child delivered?	Home ..... 1 Health institution... 2 Other/ Specify 3	
318	Who assisted you during the delivery of the child?	No one ..... 1 UTBA ..... 2 TTBA ..... 3 Health Assistant ..... 4 Nurse/Midwife ..... 5 Physician ..... 6 Other ..... 7 (Specify)	
319	Is the child living or dead?	Living ..... 1 Dead..... 2	
320	Did you ever have any pregnancy that ended in stillbirth?	Yes ..... 1 No 2	322
321	How many pregnancies ended in stillbirth?	Sill births ..... ☐	
322	Did you ever have any pregnancies that ended in miscarriages?	Yes ..... 1 No 2	324
323	How many pregnancies ended in miscarriage?	Miscarriages ☐	
324	When a woman becomes pregnant, she can do various things to stop the pregnancy and avoid having a baby. This deliberate termination of pregnancy before full term is called abortion, have you ever heard of this?	Yes _____ No _____	328
325	Do you know someone who has done this?	Yes _____ No _____	328

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NO	QUESTIONS AND FILTERS	CODING CATEGORY	SKIP
326	Have you ever done this	Yes _____ No _____	328
327	How many abortions did you have?	No of abortions _____ ☐	
328	INTERVIEWER: check Q 318 and Q 322	Had a miscarriage or an abortion _____ 1 No miscarriage and/or abortion _____ 2	331
329	Did you seek treatment for your last miscarriage or abortion?	Yes _____ 1 No _____ 2	331
330	From whom did you seek the treatment?	Gov't Health Institution 1 NGOs Health Institution 2 Private Health Institution 3 Other /specify 4	
331	Do you have children aged 12-24 months?	Yes _____ 1 No _____ 2	336
332	If yes, does he/she have immunization card?	Yes _____ 1 (See the card) Yes, not available now 2 No _____ 3	336 335
333	INTERVIEWER: Please see the EPI card and circle "1" if the vaccination was give and circle "2" if the vaccination was not given BCG DPT1 DPT2 DPT3 Measles Fully immunized **(If the child is fully immunized go to question 336)**	Yes ___ 1 No ___ 2 Yes ___ 1 No ___ 2 Yes ___ 1 No ___ 2 Yes ___ 1 No ___ 2 Yes ___ 1 No ___ 2 Yes ___ 1 No ___ 2	
334	Why is you child not fully vaccinated?	Not informed by the health personnel _____ 1 Fear of side effect _____ 2 Other disapprove _____ 3 Poor access to health Facilities _____ 4 Other / Specify _____ 5	
335	Why is your child not vaccinated at all?	Lack of knowledge _____ 1 Opposed to vaccination ___ 2 Fear of side effects _____ 3 Poor access of health Facilities _____ 4 Other/Specify _____ 5	
336	Are you pregnant now?	Yes _____ 1 No _____ 2 Unsure _____ 3	401 401
337	For how many months have you been pregnant?	Months _____ ☐	

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SECTION 4: FAMILY PLANNING

No	QUESTIONS AND FILTERS	CODING CATEGORY	SKIP
401	Now I would like to ask you some questions about family planning? Have you ever heard of family planning?	Yes _____ 1 No _____ 2	

There are various ways or methods that a couple can use to delay or avoid pregnancy. Which of these methods have you heard about? INTERVIEWER: circle code 1 in Q 403 for each method mentioned spontaneously. The proceed down the column reading the name and description of each method not mentioned spontaneously. Circle code 2 in Q 403 if method is recognized, and code 3 if not recognized. Then for each method with code 1 or 2 circled in Q.403, ask Q.404.

No	METHOD	403 Have you ever heard of (method)? Read description	404 Have you ever used (method)?
01	**PILL**: women can take a pill every day	Yes/ spontaneous/ 1 Yes/ probed/..... 2 No..... 3	Yes ..... 1 No 2
02	**IUD**: women can have a loop or coil placed inside them by a doctor or nurse	Yes/ spontaneous/ 1 Yes/ probed /..... 2 No 3	Yes ..... 1 No 2
03	**INJECTIONS** : women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	Yes spontaneous .. 1 Yes/ probed/ 2 No..... 3	Yes ..... 1 No 2
04	**DIAPHRAGM/FOAM/JELLY**: women can place a sponge, suppository, diaphragm, jelly or cream inside them before intercourse.	Yes/spontaneous 1 Yes/ probed/..... 2 No..... 3	Yes ..... 1 No 2
05	**CONDOM:** men can use a rubber sheath during sexual intercourse	Yes/spontaneous.....1 Yes/probed .....2 No 3	Yes ..... 1 No 2
06	FEMALE STERILIZATION: women can have an operation to avoid having any more children	Yes/spontaneous/.... i Yes/probed ..... 2 No 3	Yes ..... 1 No..... 2
07	MALE STERILIZATION: men can have an operation to avoid having any more children	Yes/spontaneous/....1 Yes/ probed/.....2 No 3	Yes ..... 1 No 2
08	NORPLAN: women can have a birth control method on their left arm	Yes/spontaneous/.....1 Yes/ probed/..... 2 No 3	Yes..... 1 No..... 2
09	PERIODIC ABSTINENCE: couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	Yes/ spontaneous/.. 1 Yes /probed/..... 2 No 3	Yes ..... 1 No 2
10	SEXUAL ABSTINENCE: couples can avoid having sexual intercourse continuously for a long time to prevent the woman from becoming pregnant.	Yes/spontaneous/.. 1 Yes /probed ..... 2 No 3	Yes..... 1 No 2
11	WITHDRAWAL: men can be careful and pull out before climax	Yes/ spontaneous/...1 Yes/ probed.....2 No 3	Yes..... 1 No 2
12	DOUCHE: women can clean (wash) their sexual organ immediately after intercourse to prevent pregnancy	Yes/ spontaneous/...1 Yes/ probed.....2 No 3	Yes..... 1 No 2
13	TRADITIONAL METHODS OR MEDICINE: couples can use traditional herbs or medicine to prevent the woman from becoming pregnant. (METHOD USED FOR FP ONLY) (Specify)	Yes/ spontaneous/...1 Yes/ probed.....2 No 3	Yes..... 1 No 2

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14	Others/ specify ----------	yes/ spontaneous/..... 1 No..... 2	Yes..... 1 No..... 2
NO	QUESTIONS AND FILTERS	CODING CATEGORY	SKIP
405	INTERVIEWER. Check Q.404	Ever used a method....1 Never used a method..2	416
406	INTERVIEWER: Check Q.336	Currently pregnant..... 1 Not currently pregnant/ Unsure 2	414
407	Are you currently using any method of family planning?	Yes ..... 1 No..... 2	414
08	Which method are you using	PILL..... 01 IUD ..... 02 INJECTION..... 03 DIAPHRAGM, FOAM, JELLY ..... 04 CONDOM..... 05 FEMALE STERILIZATION 06 MALE STERILIZATION ... 07 NORPLANT..... 08 PERIODIC ABSTINENCE ...09 SEXUAL ASTINENCE..... 10 WITHDRAWAL ..... 11 DOUCHE ..... 12 TRADITIONAL METHODS 13 OTHERS 14	
409	Who chose this method for you?	Self ..... 1 Husband/Partner ..... 2 Both ..... 3 Friends/Relatives..... 4 Clinic staff ..... 5 Other/Specify 6	
410	For how long have you been using (NAME) continuously?	No. of months ☐☐	
411	Where do you frequently obtain the method you are currently using?	Government Health Institutions 1 Private Clinics..... 2 NGOs Clinic ..... 3 Pharmacy ..... 4 Community Based Workers..... 5 Other/Specify 6	
412	Does you husband/partner know that you are currently using FP method?	Yes ..... 1 No 2	501
413	Do he approve?	Yes ..... 1 No ..... 2 Don't know 3	**ALL GO TO 501**

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NO	QUESTIONS AND FILTERS	CODING CATEGORY	SKIP
414	What was the last method you used	PILL..... 01 IUD ..... 02 INJECTION..... 03 DIAPHRAGM, FOAM, JELLY ..... 04 CONDOM..... 05 FEMALE STERILIZATION 06 MALE STERILIZATION ... 07 NORPLANT..... 08 PERIODIC ABSTINENCE ...09 SEXUAL ASTINENCE..... 10 WITHDRAWAL ..... 11 DOUCHE ..... 12 TRADITIONAL METHODS 13 OTHERS 14	
415	What was the main reason for you to stop using(Name)?	Want to become pregnant---------..1 Health concern----------2 Problems of access/availability ---3 Inconvenient to use----------4 Cost----------5 Partnership or marriage dissolved----6 Husband's disapproval----------7 Others----------8	
416	Have you or your spouse thought of using any family planning method in the future?	Yes----------1 No----------2	If 2 go 419
417	Which method of family planning do you prefer to use?	PILL..... 01 IUD ..... 02 INJECTION..... 03 DIAPHRAGM, FOAM, JELLY ..... 04 CONDOM..... 05 FEMALE STERILIZATION 06 MALE STERILIZATION ... 07 NORPLANT..... 08 PERIODIC ABSTINENCE ...09 SEXUAL ASTINENCE..... 10 WITHDRAWAL ..... 11 DOUCHE ..... 12 TRADITIONAL METHODS 13 OTHERS ..... 14 Not decided----------15	
418	Do know where you or your spouse can get the method?	Yes----------1 No----------2	All go 501

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NO	QUESTIONS AND FILTERS	CODING CATEGORY	SKIP
419	What is the main reason that you do not want to use a method of family planning?	Religious prohibition ..... 1 Opposed to FP ..... 2 Husband disapproves ..... 3 Other relatives disapproves.. 4 Side effects ..... 5 Lack of knowledge ..... 06 Difficult to obtain ..... 07 Cost too much ..... 08 Inconvenient to use ..... 09 Fatalistic ..... 10 Menopausal/ Subfecund .... 11 Others ..... 12 (specify) Unsure /DK 13	

SECTION 5: FERTILITY PREFERENCE

No	QUESTIONS AND FILTERS	CODING CATEGORY	SKIP
501	INTERVIEWER: Check Q 206	Currently married or living with a man ..... 1 Never married /widowed/ divorced 2	 601
502	INTERVIEWER : Check Q 404 line 06 & 07	None of the spouse sterilized ..1 One of the spouse sterilized ... 2	 601
503	As far as you know is it physically possible for you and your husband to bear a child in the future ?	Yes ..... 1 No 2	 601
504	INTERVIEWER : Check Q 336 and mark box Not pregnant or unsure ☐ Would you like to have a (another) child or would you prefer not to have any (more) children? ☐ Pregnant After the child you are expecting, would you like to have another child or would you prefer not to have any (more) children?	 Have another ..... 1 Nor more ..... 2 decided of DK 3	 601 601
505	INTERVIEWER : Check Q 309 and mark box Had a live birth ☐ How many more children do you want to have ? Had no live birth ☐ how many children do you want to have ?	 (Additional) children ..... ☐☐ Up to God 98	

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SECTION 6. KNOWLEDGE OF HIV/AIDS AND AIDS PREVENTION

NO	QUESTIONS AND FILTERS	CODING CATEGORY	SKIP
601	Have you ever heard of a disease called AIDS?	Yes ..... 1 No 2	 END
602	Do you know anyone who had HIV/AIDS?	Yes ..... 1 No 2	
603	Do you know anyone who is died from AIDS?	Yes ..... 1 No 2	
604	How is AIDS transmitted? [**INTERVIEWER**: Don't read list but prompt by asking " Any other way" and circle all that apply]	Sexual intercourse ..... 1 Mother to child ..... 2 Shaving/Razors ..... 3 Injection ..... 4 Transfusion of infected blood ... 5 Circumcision, taboos .... 6 Other/ Specify ..... 7 Don't know 8	
605	How can people protect themselves from getting AIDS ? [**INTERVIEWER**: Don't read list but prompt by asking " Any other way" and circle all that apply]	Do not have sex at all ..... 1 Avoiding sex before marriage 2 Limit number of sexual partners 3 Use condoms during sex..... 4 Sterilize blades /syringes/ Needles ..... 5 Avoid prostitutes ..... 5 Other (Specify) ..... 6 Don't know 7	

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